SHARING OF FIGURATIVE LANGUAGE THEMES IN EXPERT THERAPY: OCCURRENCE AND EFFECT ON CLIENT EXPERIENCING AND THERAPEUTIC BOND

A Dissertation

by

SCOTT ASHLEY CARDIN

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2004

Major Subject: Counseling Psychology

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Approved as to style and content by:

Collie Conoley (Chair of Committee)	Dan Brossart (Member)
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May 2004

Major Subject: Counseling Psychology

ABSTRACT

Sharing of Figurative Language Themes in Expert Therapy: Occurrence and Effect on Client Experiencing and Therapeutic Bond. (May 2004)

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Chair of Advisory Committee: Dr. Collie Conoley

The purpose of this study was to examine the use and effect of figurative language discourse in examples of expert therapy. More specifically, one of the main reasons for conducting this study was to describe figurative language discourse, its production, use, and potential effects on the therapeutic relationship and client experiencing.

Training videos were selected and transcribed using criteria for selection of examples of expert therapy. Fifty-six excerpts, each two-minutes in length, were taken from the transcribed therapy sessions and used for the analyses. One set of raters was trained to identify instances of figurative language and make ratings of shared theme. Another set of raters was trained to use the Experiencing Scales and the Working Alliance Inventory on the transcribed excerpts. Analyses were conducted to investigate the frequency of use and relationship between therapist and client figurative language dialogue.

Results indicated that the majority of figurative language used in examples of expert therapy is metaphoric in nature. Additionally, it was found that the majority of

figures of speech were frozen in meaning or were commonly used. A small percentage of figures of speech were shared conceptually between the therapist and the client. Regarding the shared figurative language, a statistically significant difference between therapists and clients with regard to their production of shared figurative language was found and indicates that use of shared figurative language by expert therapists may be a subtle and indirect way in which therapeutic alliance is initially established as well as maintained. It may also represent how expert therapists follow content of the therapy session. In addition, a regression analysis conducted to determine if there is a relationship between shared figurative language and ratings of therapeutic alliance did not meet statistical significance. Overall, the results of this study provide preliminary findings with regard to what type of figures of speech expert therapists use and give a clear direction in terms of the next direction for research. Additionally, this experiment provides direction for the type of methodology that should be utilized in future research.

DEDICATION

This dissertation is dedicated to my mother. She never hesitated to voice her belief in my capabilities and to be supportive when, while growing up, I dreamt of all of the various career paths I could take. For all of those years of support, I am thankful and appreciative. Thanks for believing in me.

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CHAPTER I

INTRODUCTION

Introduction to the Problem

For many years counseling and therapy researchers have been devoting considerable effort toward investigating the process of psychotherapy and counseling (Walborn, 1996). Besides the obvious benefits of obtaining a more thorough and accurate understanding of therapy, one major reason why such efforts continue to be employed rests in the attempt to improve efficacy of counseling and psychotherapy overall. With regard to efficacy, an ever-growing body of literature demonstrates evidence that process variables, thought to be common to most or all of the various theoretical forms of therapy, have significant influence on therapeutic outcome. One small segment of the corpus of research and theoretical literature focusing on therapy process centers on the linguistic interaction between the therapist and the client. A growing segment of that literature is specifically devoted to investigating the effects of figurative language use in therapy.

Researchers have been interested in studying the use and effect of figurative language in therapy for several decades (Angus, 1992; Angus & Rennie, 1988, 1989; McMullen, 1989, 1996; Pollio & Barlow, 1975; Siegelman, 1990). Based on this research and on clinically supported evidence, client's metaphors and figurative

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This dissertation follows the style of *Journal of Counseling Psychology*.

expressions have been recognized by clinicians as being meaningful in attempting to identify the client's understanding of his or her situation (Lakoff & Johnson, 1980, Kopp 2001). Essentially, the figurative language that the client uses can be thought of as windows into client-offered solutions (Lakoff & Johnson, 1980). As such, therapists may miss important information when they do not pay attention to figurative language use by the client (Siegelman, 1990). Missing opportunities with clients with regard to figurative language is similar to missing other client-introduced information. This might be considered analogous to not paying attention. Often, missing client-introduced information leads to a decreased sense of therapeutic alliance and to breaches in the relationship (Kopp, 2001). Not enough information is known about the connection between missing or not using a client's figurative language and subsequent changes in the quality of the therapeutic relationship between the client and the therapist. Therefore, research that investigates figurative language use in therapy and its possible effects on outcome or process of therapy is needed because it may enhance the efficacy of psychotherapy.

In many ways, the research to date has been equivocal and inconclusive concerning the importance of figurative language use and function in therapy. There are many possible reasons why the research to date may have failed to unanimously support the intuitively based, and clinically supported, hypotheses that have been posed. In general, those hypotheses suggest that figurative language use by both the therapist and the client, and more specifically the collaborative figurative language discourse or shared verbal interchange and conceptual understanding that is ongoing between the

client and therapist during the length of their relationship, is meaningful with regard to therapeutic alliance and good outcome therapy. Possible reasons include inadequate research methodology (McMullen, 1985; 1996), inadequate instruments or inventories, difficulties in operationalizing phenomena, difficulties in collaborative science due to varying definitions and terminology, and incorrectness of the hypothesis that figurative language is influential and important to the process of effective therapy.

Based on the intuitive relationship between figurative language and therapy often described in testimonies from therapists and on the existence of equivocal research findings, future research is needed to clarify how figurative language use is related to the process of effective therapy. If, through future research, a stronger connection can be established between figurative language use and therapy results, then this information can be used to identify and develop new therapeutic skills designed to maximize the therapeutic benefits relating to figurative language use in therapy. It might also be used as a gauge from which therapy process can be measured.

Statement of Purpose

The purpose of this study is to investigate what kinds of figurative language are used in expert therapy and to determine if there is a relationship between the kind of figurative language discourse that is used by experts and subsequent changes in observer ratings of the relationship between the client and the therapist. This information might be useful in furthering our understanding of phenomena of figurative language discourse in therapy, possibly shedding light on its utility and function with regard to therapy, therapeutic interventions, therapeutic alliance, and therapeutic outcome.

Research Questions and Hypothesis

The research to date investigating the effects of figurative language in therapy has generally focused on examining three qualities or characteristics of figurative language: category of figure of speech, novelty, and whether or not the language is conceptually shared in discourse of the therapeutic dyad. As stated previously, the first purpose for conducting this research is to determine what figurative language is used in examples of expert therapy (figure of speech and novelty) and what kind of figurative language discourse (shared or not shared) typically occurs in examples of expert therapy. Clinicians and researchers have suggested that those characteristics listed above each might play a positive role in influencing therapy process (Angus & Rennie, 1988; McMullen, 1989, 1996). As such, investigating the kind of figurative language with regard to type of figure of speech, novelty of the figure of speech, and whether or not the figure of speech was conceptually shared by the members of the therapy dyad is important for describing this linguistic phenomenon as it occurs in therapy. One of those characteristics, whether or not figurative language is conceptually shared by the therapy dyad specifically, has been recently hypothesized to influence the therapy relationship (Angus & Rennie, 1988; McMullen, 1989, 1996) by enhancing the working relationship or bond between the therapist and the client. Gathering more information about the frequency of occurrence, type, novelty, and shared qualities of figures of speech occurring in therapy will further our understanding of the phenomena in general. Testing the hypothesis that shared figurative language positively influences the working relationship is an important step in attempting to better understand this phenomena. For

the purpose of this investigation this hypothesis is stated as follows: As shared figurative language occurs, there is gain in working alliance and subsequent positive changes in the quality of therapy dialogue.

The research questions can be stated as follows:

1. To what degree are the different figures of speech used in the therapy of experts as indicated by therapy training tapes? Are those figures of speech mostly novel or frozen? How frequently are those figures of speech conceptually shared by both members of the therapy dyad?
2. How does using figures of speech that share an underlying conceptual meaning relate to subsequent ratings of the therapeutic bond and experiencing?

This researcher does not hypothesize answers to the first question, but does offer the following hypothesis relating to the second question: There is a positive relationship between use of shared figurative speech between the therapist and the client and subsequent increases in the working relationship and client experiencing.

Potential Benefits of Conducting Study

There appear to be three main benefits for conducting this research. First, the findings of this research will added to the current knowledge on figurative language processes and their function in therapy, specifically providing descriptive information with regard to use of figurative language by experienced/expert therapists. Second, the findings might help clinicians by steering them in ways either to directly use figurative language discourse in therapy or in ways to use client produced figurative language to

supplement the way that the therapist has conceptualized the client. And third, the findings may lead to a new understanding of language and its influences on the processes of building therapeutic alliance. Lastly, the findings of this study might help in the development of future research questions and/or hypotheses relating to figurative language use in therapy.

Limitations of the Study

Limitations of this study include sampling bias, generalizability, and measurement. One assumption of this study is that expert therapists developing therapy training videos are good therapists and that the taping of such videos does not lesson the quality of therapy or drastically alter the manner of therapy that said expert would normally provide. It is possible that the examples of figurative language use taken from excerpts of the selected training videos do not accurately represent expert therapy. In a related manner, sampling problems such as the ones described above would also make the findings not as generalizable. While the above limitation may be true, the assumption of this study is that the training examples of expert therapists are ideal examples of the work of very effective psychotherapists.

Certain measurements can pose limitations to a study, such as the use of a scale too large to accurately indicate small changes. This limitation invariably affects all research, but it is important to note when investigating phenomena with anticipated smaller effect sizes. The concern is that expert therapists may do many behaviors during a segment of tape that might influence the therapeutic bond more than the influence of figurative language discourse. This would either cancel out or inflate findings.

CHAPTER II

REVIEW OF THE LITERATURE

As the focus of this dissertation is pinpointed on attempting to better understand the mechanism behind, and subsequent therapeutic product of figurative language discourse in therapy, the primary purpose of this literature review is to provide an overview of the theoretical and empirical articles centered on figurative language and its role in therapy. It will provide historical background and perspectives with regard to the study of figurative language across various scientific fields in general, and more specifically across the fields of Philosophy, Linguistics, and Psychology. It will include a discussion of key issues and significant debates that possibly have shaped the extent to which figurative language has been researched. Second, it will focus on a more detailed outline of the literature generated from the applied psychology fields by providing definitions of figurative language, theories and models of figurative language, research design and strategies, and a review of research findings. Lastly, it will summarize the important issues of the previous sections.

Historical Background

A substantial amount of scholarly attention has been directed toward the topic of figurative language (Billow, 1977, 1987; Shibles, 1971; Van Noppen & Hols, 1990). Considering this, the volume of literature focused on this topic should be expected to be large. In attempting to collect resources for this dissertation, an electronic search of the psychology literature in the Psych Info search engine using the terms, “figurative language” and “metaphor” yielded 527 and 4371 articles respectively. Similarly, using

an analogous linguistics search engine, the term “metaphor” produced 2554 results and the term “figurative language” produced 252 results. These findings offer a simple demonstration of the relatively large corpus of literature on the topic of figurative language. Based on this expanse of literature directly focusing on figurative language as well as the assumed even greater quantity of literature that at minimum refers to figurative language, it is safe to suggest that there is a significantly long and expansive history of interest in figurative language.

The interest has been wide ranging, originating from fields as diverse as Philosophy, Linguistics, Psychology, Psycholinguistics, and Cognitive Science (Glucksberg, 2001). Initially, scholarly writing devoted to this subject had been sporadic with periodic bursts of publication coming from those various fields, although much of the earliest writings on figurative language predate formal creation of several of those fields. More recently, theorists and researchers spanning the aforementioned fields have been much more prolific. As a result, there are vast amounts of literature on this topic, a large percentage of which was produced in the last thirty or so years. Tongue in cheek, Booth (1979) suggested, based on the volume of literature produced on the topic of figurative language alone in the year of 1977, that by the year 2039 there would be more people studying metaphor than the actual population of the world. Humorous predictions aside, it seems that this topic has relevance across the academic board.

Although having relevance in many fields of study, the interest in researching figurative language primarily has its roots in three general academic areas: Philosophy, Linguistics, and Psychology. Each of these fields continues to uniquely contribute to the

growing body of work reviewed here. It is because of their individual history of contributions, stemming from not only their varying research approaches and subsequent findings, but also from their unique vantage point from which they are motivated to conduct research, that each field's historical background relevant to figurative language will be briefly outlined below.

Philosophy and Figurative Language

The field of Philosophy has a long history of reference to figurative language. One of the earliest recorded writings on figurative language, dating to the 4th century B.C., was Aristotle's *The Poetics* (McKeon, 1947). Specifically, Aristotle did not just speak of figurative language per se, but rather focused his discussion on what he described as four categories of metaphor.

Aristotle's use of the term, "metaphor" has been the focus of some debate. Glucksberg (2001) notes that the second and third of Aristotle's metaphor categories are, strictly speaking, actually examples of metonymy. Others have suggested (Ricoeur, 1977) that Aristotle used the term metaphor to describe *every* kind of figurative language. This loose terminology and corresponding definition has proven to be one criticism, not only of Aristotle's discussion, but also of the formal study of figurative language in general.

Regardless of Aristotle's terminology, his focus and propositions regarding figurative language have helped to both generate and shape the interest that researchers have had in studying figurative language. Of note, Aristotle stated that use of metaphor marks genius. He also suggested, according to the following quotation that metaphor

serves the function of helping people to acquire knowledge: “Midway between the unintelligible and the commonplace, it is a metaphor most which produces knowledge.” (McKeon, 1947).

Since the time of Aristotle, the field of Philosophy has focused on figurative language periodically. Vico (1688-1744) was a philosopher who proposed that at the heart of creativity was the ability to create metaphor, which he believed was responsible for human creativity (Danesi, 1986). For an in-depth review of how the field of Philosophy has approached the study of figurative language, please see Soskice (1985). Of historical note, much of the work in the area of figurative language coming from the field of Philosophy has been focused on one central debate, figurativeness vs. literalness (Eco, 1984). In brief, the literal side of this debate was supported by philosophers who believed that literal language was superior to figurative language, the latter of which was thought to be a lesser, devalued, and inexact decorative form of the first. Much of the devaluing of figurative language appears to have rested on the premise that the purpose of figurative language was to lend decoration to the exact literal language and meaning. Thus, figurative language was not necessary and at times helped to create confusion or inexact language, both of which were highly devalued.

On the other hand, the philosophers supporting the figurative side of this debate believed that figurative language was not inferior to literal language at all. Rather, those supporting the figurative side argued that at times figurative language could even possess emergent qualities that were beyond the scope of the capabilities of literal expressions alone. In essence, those philosophers believed that figurative language

contributed to the hearer's or reader's understanding in a way or in ways that literal language would fall short in attempting.

Historically, this debate contributed to the limited degree of import that scientists for many years would place on figurative language research (Eco, 1984). According to this period's scientific paradigm, time spent investigating figurative language was time actually *misspent*. Not only has this primary philosophical paradigm probably reduced the potential quantity of research in this area, but generally, such philosophical views on figurative language most likely shaped and/or limited the way researchers in other fields approached this topic for many years. Further, this attitude toward conducting research on figurative language might have influenced how researchers subsequently formulated researchable questions.

Linguistics and Figurative Language

Surprisingly, the field of linguistics has not always embraced the study of figurative language. According to Parmegiani (1988), early definitions of the range and scope of this field were restricted by authors who reportedly suggested that the field of linguistics should study only word and language etiology and morphology as opposed to how language is used in context both socially and psychologically. This sort of restriction on what was appropriate to study would have excluded research on figurative language.

Despite early limitations, Linguists have contributed a large body of work concerning figurative language. Primarily they have focused their research on figurative language from the perspective of how metaphors operate and function. Chomsky (2000)

notably argued that there was an innate language structure. Recently, Lakoff and Johnson (1980) proposed a conceptual model of figurative language that not only has had a large impact in the field of Linguistics, but also has sent rather large ripples throughout the fields of applied psychology.

Psychology and Figurative Language

Psychology as a field, like Linguistics, has not always embraced the study of figurative language either. During its infancy, there were opposing views on what the general topic of study should be for the field as a whole—observable conscious phenomena vs. unobservable processes (Watson & Greenberg, 1994). In the early days, the direction the field of psychology seemed to take focused research on observable conscious phenomena. As the field matured, more and more researchers have found it acceptable and even appropriate to pursue research as abstract as attempting to understand the influences and mechanisms of figurative language. As a consequence of this shift, interest in figurative language research appears to be growing exponentially as demonstrated by the increasing volume of published articles on figurative language within journals of psychology.

The field of psychology, including researchers from almost all of its many specializations, have focused on conducting figurative language research in what might be described as two distinct but related areas: how figurative language works (is created and understood), and for what purposes we utilize it. Within the field of psychology, Cognitive Scientists and Psycholinguists typically have focused their research interests on the first area. They have done so by attempting to find evidence concerning: the

figural vs. literal debate, how figurative language is created and interpreted, why it is used at times and not at other times, why specific forms of figurative language are used when alternative options are available, what is its relationship to creativity and genius, can computers utilize human figurative language as a model for processing and decision making, and what influences does figurative language have in communication in general.

On the other hand, researchers typically from the applied fields of psychology have tended to focus their efforts on investigating the second area, answering for what purpose we utilize figurative language. Generally, research questions directed toward this area of interest tend to ask questions such as: does figurative language influence the processes involved in therapy, and if so, in what fashion, does novel figurative language use by a client mark instances when he or she is gaining insight, and can client-used self-imagery in the form of figurative language be used to track client improvement.

The interest in figurative language from scientists in the fields of applied psychology have not been characterized by opposing viewpoints to the same degree as in the other fields. Rather, this interest seems to be one that is guided by exploration of a therapeutic phenomena not fully understood and one that is thought to be potentially therapeutic.

Summary

Each of these fields have uniquely contributed to the study of figurative language well beyond the contribution outlined in the previous paragraphs. However, there are many commonalities among the three fields with regard to interest and research of figurative language. For instance, they each have periodically focused on the issue of

figurative vs. literal debate, each has as a whole had difficulty in supplying definitions that were agreed to unanimously, and each field also has had in its history a reluctance or questioning of the importance of figurative language research. Besides this common ground, probably the most significant similarity among the fields is that most of the work spanning the disciplines has been spent attempting to better understand what figurative language is and for what purpose or purposes it possibly serves. When stated in this manner, it appears that the fields in which figurative language has been studied have a shared theme. Despite this shared theme, it is somewhat surprising that unified efforts across the fields have not been more commonplace. Instead, the work being conducted appears to be existing independently without input from researchers in other fields. As such, each field has developed its own terminology as well as lines of investigation and even theories of why figurative language is important. For that reason, it is important to define terminology when discussing theories, models, and research findings on this topic.

Before moving ahead to the discussion of the specific figurative language research in applied psychology and more specifically to the various definitions and terminology, it first may be beneficial to outline a general or simple answer to the following question: what is figurative language and how should one define it? Based on the wide ranging literature, this question appears quite difficult to answer definitively. As alluded to in the previous paragraphs, it seems that to some extent the definition one chooses for figurative language depends on the field of study to which that person belongs. Philosophers to Linguists to Psychologists all seem to focus on varied

characteristics when defining figurative language. Further, researchers from the various fields studying figurative language also seem to vary in the importance they attach to a definition for figurative language. Some psychologists might even go so far as to suggest that a definition is unimportant.

A review of the definitions and terminology assigned to the fields other than Psychology is beyond the scope of this dissertation. However for a more generic approach to defining figurative language and in attempting to answer the question posed, a common English dictionary can be consulted. The 10th edition of Merriam-Webster's Collegiate Dictionary (2001) does not include the term, *figurative language*, but does define the intuitively related terms, *figurative*, *figure of speech*, and *metaphor*. For the term, *figurative*, the most relevant definition provided was: "expressing one thing in terms normally denoting another with which it may be regarded as analogous." For *figure of speech*, the definition was, "a form of expression (as a simile or metaphor) used to convey meaning or heighten effect often by comparing or identifying one thing with another that has a meaning or connotation familiar to the reader or listener." Merriam-Webster defined *metaphor* as, "a figure of speech in which a word or phrase literally denoting one kind of object or idea is used in place of another to suggest a likeness or analogy between them (as in drowning in money)." It is safe to suggest that these definitions are somewhat basic, probably at best only articulating features of figurative language that are commonly provided across all the fields so inclined to formulate definitions of figurative language. More relevant to the topic of this study, definitions used in the field of Psychology will be reviewed later in this chapter.

As is found with attempts to define almost any phenomenon, there are difficulties in providing an agreed upon definition across fields and within fields. This is a substantial understatement with regard to attempts at defining figurative language. Similarly, definitions of terms falling under the umbrella of figurative language also vary in how researchers define them.

Applied Psychology Research on Figurative Language

The main purpose of this chapter is to outline the literature relevant to Applied Psychology. As with the literature focused on figurative language in general, this segment of literature, although manageable, is also expansive and requires that particular subtopics be covered. These necessary subtopics can be summarized and grouped according to the following questions: 1) How do the fields comprising applied Psychology typically define figurative language?, 2) What are the theories and models of figurative language?, 3) What research designs and strategies have been used and what are their respective limitations?, 4) What are the findings of research focused on figurative language in therapy? As such, the subsequent segments of this chapter will be devoted toward providing information relevant to answering the four questions outlined above.

Definitions

This section, as its title suggests, serves the purpose of providing an outline of how the applied fields of psychology define figurative language both in practice and in research. Earlier in this chapter, issues relating to difficulties in defining figurative language as well as a general background of how various fields generally have defined

figurative language was provided. In contrast, this section will specifically address definitions of figurative language provided from the collective fields of applied psychology, in essence, providing definitions of figurative language that have been used in studying figurative language use in therapy.

Overall, there have been two general approaches that researchers in applied psychology have used in defining figurative language in therapy. The first approach is flexible, typically not using a standardized method for identification or verification of words or phrases as being figures of speech. Researchers using this approach also appear not to distinguish between types of figurative language. One example of a flexible definition is Lankton and Lankton's (1986). Building on Ericksonian views of therapy, they define metaphor as "a story with dramatic devices that captures attention and provides an altered framework through which the clients can entertain novel experience." The other approach is more rigid in nature. An example of a more rigid definition used by researchers is taken from Barlow, Kerlin, and Pollio's (1970) manual for the definition of figurative language: "…or trope, is any non-literal use of a word, phrase, sentence or sentences in which there is a deviation from the usual or principal sense of a particular language unity." Researchers and/or theoreticians using this approach typically will make use of some standard definition, although often varying from investigator to investigator.

Each approach to defining figurative language for research purposes has its potential strengths and weaknesses. For example, a potential strength of using a flexible definition is that it provides for significant lessoning of training requirements for

experimental raters/coders. Another strength is that it might allow for faster production of figurative language data. On the other hand, using a more rigid definition also could be beneficial because, by definition, it would provide greater sensitivity. At the same time, it may also allow for accruing a more detailed understanding of the phenomenon. Further, using a more rigid definition allows for greater chances of experimental replication and improvements.

In criticism of using a flexible definition, many have suggested that there are functional differences as well as differences in potential effect of the various types of figurative language (McMullen, 1985; Cameron & Low, 1999). Some research findings lend support to the argument that different kinds of figurative language should be examined separately, finding for example that irony is processed differently than metaphor (Gibbs, 1998). If such differences in function and/or effect exist, then research findings using a flexible definition of figurative language could risk being muted. For example, if one kind of figure produces the opposite results as another kind and if both kinds are not differentiated in a study, then their respective effects could be cancelled out and subsequently overlooked. On the other hand, using a more rigid approach to defining figurative language also has its criticisms. A potential weakness of using a more rigid definition is that it would require a significantly greater degree of training requirements for experimental raters/coders. Another weakness is that it might not allow for faster turn around of figurative language data as making finer distinctions might take more time and energy.

By far, the majority of theoreticians and researchers in the fields of applied psychology focusing on figurative language in therapy have used a flexible definition of figurative language (McCurry & Hayes, 1992). Typically, most have used the term, "metaphor" to describe almost any of the various forms and mechanisms of figurative language including metaphor, simile, metonymy, analogy, irony, etc. (McMullen, 1996). Use of various terminologies creates difficulties when attempting to research and review this topic. Not only does it create problems when attempting to compare studies, but it also makes reviewing the literature difficult because readers would have to be familiar with all terms and definitions. As the overarching theme of the literature on figurative language in therapy tends to use the term, "metaphor" to describe figurative language in general rather than a specific kind of figurative language, to reduce confusion, reference to "metaphor" in this text can be understood as referring to figurative language in general unless otherwise specified.

Theories and Models

There are a number of categories of theories and/or models that attempt to explain the phenomena of figurative language. For the purpose of this literature review, theories and models that focus on figurative language in general, and not on figurative language effects in therapy, will be termed as General Theories. Of the General Theories, the most well known and publicized are the comparison theories, substitution theories, interactional models, conceptual models, three-stage models, and combined models. Simply stated, these theories primarily differ in proposed mechanism for how figurative language is understood and for what proposed function figurative language is

used. On the other hand, the theories and models that examine specifically figurative language effects in therapy will be termed Therapy Theories. The Therapy Theories are best understood as formal or informal.

General Theories

Comparison. Theories and models that are categorized as being from the Comparison camp can be described as being based on the premise that figurative language acts by making a comparison between two things. For example, in the figurative expression, "She's a sour grape," the speaker is comparing a characteristic of the woman to a similar characteristic of a sour grape. Aristotle's views on metaphor and the function of metaphor appear to be from this camp.

Aristotle viewed figurative language, more precisely metaphor, as a decorative tool used by orators and writers as a way to provide comparison between two objects or functions, in essence to provide one "thing a name that belongs to something else." He enumerated four categories of metaphor that were based on substitution of one concept for another (Glucksberg, 2001) and were divided into levels he termed, *genus* and *species* respectively. Accordingly, concepts belong to the same *genus* if their meanings are related. Conversely, if two concepts are not related in meaning, then each would belong to its own respective *genus*. Another way to understand the term *genus* might be to think of it as referring to generic, overarching groups. For example, "things-that-fly" would make up one *genus* whereas "things-that-cannot-fly" would make up another. Within each *genus*, there are *species*, or examples of particular things belonging to that *genus*. For example, in the *genus* of "things that fly" there are the respective *species* of

birds, bats, insects, etc. Similarly, the term *species* may be thought of as referring to specific examples.

Aristotle's first category included metaphors in which *genus* was compared to *genus* as in the phrase, "the trees were soldiers standing at attention." In that phrase, the concept of trees is being compared to the concept of soldiers. These concepts are not related therefore they are not sub-species of the same *genus*. He described the second category as those metaphors in which a *genus* is replaced by a *species*. An example of this kind of metaphor might be, "all yuppies drive around in Volvos," where the specific kind of car (*species*) is replacing the bigger category (*genus*) of expensive vehicles. The third category Aristotle described is the opposite of the second category—*species* replaced by *genus* as in the phrase, "the Champ walked in confidently." In that phrase, the *species* or particular name of a champion is replaced by the *genus* terminology of Champ. Aristotle's fourth category of metaphors consisted of analogies, involving four objects of comparison such as in the phrase, "shoelace is to shoe as belt buckle is to belt."

Substitution. The substitution theory, although not a single theory but rather a grouping of theories based on the same premise, is built on the belief that metaphor is a figurative expression that has a meaning-equivalent literal expression and that a speaker or author can replace one with the other without loss of meaning. Two contributors to this way of thinking were Quintilian and Chomsky (Soskice, 1985).

Marcus Quintilian, a renowned Roman rhetorician studied and delved into the intricacies of argument and rhetoric through his most noted work, *Institutio Oritoria*.

Much like Aristotle, Quintilian's philosophical contributions to the study of metaphor plague contemporary researchers today (Soskice, 1985). But unlike Aristotle, the Quintilian view of metaphor defines it as a kind of substitution. More precisely, this view suggested that a figurative expression was a substitution of a literal one and that all figurative speech could be recoded as literal. Quintillian's work is at the heart of all substitution theories.

Noam Chomsky, a modern linguist and professor of language, was intrigued by the native tongue's ability to continually and unrelentingly create distinct, yet comprehensible sentences. He proposed that this innate form of creative and original language was a pattern, an expression snowflake, unique, yet amazingly similar in its representation (Chomsky, 2000; Soskice, 1985). As such, Chomsky contributed to substitution theory by addressing how the human mind can create metaphorical language that can take the place of literal language.

Interaction. The interaction model was proposed by Max Black, an American analytical philosopher (1962). In essence, the interaction model is based on the belief that a metaphor works because of the interaction of associations that the hearer or reader has for two parts of any metaphor. For example, in the metaphorical phrase, "neck of the bottle," one part of the metaphor is the neck of a person and the other part is the actual narrowed section of the top of a bottle. To continue with that example, let's assume that the hearer or reader has never been exposed to the phrase, "neck of the bottle" but that he or she has everyday common knowledge of what a human neck is and what a typical bottle looks like. Based on the interaction theory, the hearer would understand that

qualities or characteristics of the human neck were being shifted onto the part of the bottle that narrows toward the top.

More precisely this model has seven parts. First, there are two subjects of a metaphor, the main subject and a "subsidiary" subject. From the example above, the main subject would be the narrowed part of the bottle and the "subsidiary" subject would be a neck. Second, instead of each of the subjects representing a single thing or entity, each subject actually represents a distinct class or category of things. So, actually the main subject would be all bottles that have that particular shape and the "subsidiary" subject might be all necks. Third, the metaphor functions by taking "associated implications" from the "subsidiary" subject and placing those associations onto the main subject. Continuing with the example, the implied associations might be place of subject (both necks) as compared proportionally to the "body" of the animal or the "body" of the bottle. Fourth, the associations that the speaker or author intend for the hearer or reader to comprehend may be readily available or might even require the speaker or author to provide additional information. Fifth, the metaphor functions by making implications about the main subject; highlighting some associations while downplaying others not related to what the speaker or author intended by the metaphor. Those implications are ones that would typically be understood or used in reference to the "subsidiary" subject. With the above example, the implied associations were related to proportion (highlighted association) and were not related to the similarity of both the neck of a bottle and the neck of an animal having a passage where liquid can move through it (not highlighted association). Sixth, as each of the subjects is to be considered a category (rule 2 above),

the event of having the reader or hearer understand the implied associations occurs as the result of "shifts in meaning of words belonging to the same system" as the two subjects of the metaphor. Last, the seventh rule states that an explanation or reason for how those meaning shifts occur does not exist.

Conceptual. In their seminal work titled, "Metaphors We Live By," Lakoff and Johnson (1980) proposed and outlined what they referred to as a conceptual system that is based on metaphors. They suggested that this conceptual system, based on unconscious metaphorical reasoning, is used by us not only in decision making but in *all* thought processes. In essence, they proposed that we use metaphors to conceptualize our world. For example, they suggested that we frequently use metaphorical expressions related to war when discussing arguments because we, as a whole, conceptualize arguing as being kin to war. To illustrate their point, they provided the following phrases: "your claims are indefensible, he attacked every weak point in my argument, his criticisms were right on target…" They suggested that we could figure out the underlying concepts behind our figurative language by grouping our conceptual-related figurative expressions together. In this way, we could find out how our figurative expressions are related to underlying concepts. One example that they provided to demonstrate this system pertains to how we think and speak about arguing. As in the example above they suggested that the underlying concept of arguing can be stated as "argument is war".

Kovesces (1986; 1990) has conducted numerous studies investigating the concepts underlying human emotions, such as those associated with anger, pride, and love. He has found that not only do we utilize an underlying conceptual system for those

emotions, but that this phenomena is cross cultural and can be found in many languages. His work has focused on the identification of the underlying concepts via analyses of our spoken language, including metaphor and figurative language in general. His findings support the overarching conceptual model proposed by Lakoff and Johnson (1980).

Giambattista Vico, whose view of metaphor perhaps laid the foundation for the conceptual model, regarded language as the molder of thought, rather than thought molding language. Metaphors, according to Vico, represent and symbolize our views quite literally. Contrary to the belief that metaphors are merely fancy embellishments of the literal, Vico argued that metaphors actually come before the literal, deliberately setting the stage for the literal to manifest.

Three Stage Model. A three-stage model for how language is comprehended has been proposed in Linguistics, Philosophy, and in Psychology (Glucksberg, 2001). Glucksberg outlined this model, stating that a reader or listener would: 1) find the literal meaning of the phrase, 2) examine if the literal meaning "works" within the context of the phrase, and 3) accept literal meaning if it "works" within the context and if it does not "work", then begin search for non-literal meaning until one is found that makes sense in the context. Researchers have examined this model with mixed results (Glucksberg, 2001).

Combined Theories. Parmegiani (1988) suggested that although intuitively the research findings do not support one figurative language theory over another, "one should not throw out the baby with the bathwater." In this way, she proposed that each of the theories can add some component that will provide further insight as to the whole

of the phenomenon of figurative language. This way of thinking is reminiscent of how the phenomenon of light is explained—on one hand, it is a particle and on the other it is a wave. Individually, neither viewpoint is sufficient to explain what light is; whereas taken as a whole, they each contribute uniquely to our understanding of light. Moore (1982) proposed the coexistence of literal and figurative language stating that metaphor is "not so much a change of meaning as an evocative exploitation of given meanings…that [the] audience is made to think of, to explore, to recreate or to create, a range of similarities not encoded in our first-order language…this creative work is made possible just because we inevitably…*take metaphor literally*."

Summary

According to this review, there are five major groupings of general theories/models of figurative language. Most differ in how the mechanism of figurative language is defined and outlined. That is, they either describe figurative language as working by making comparisons, substitutions, or interactions between two objects or figures. To return to the example, "neck of a bottle," each kind of theory/model would suggest something different about the function of that metaphor. A comparison theory would suggest that the top of the bottle is being compared to the neck. A substitution theory would suggest that there is a literal expression, possibly "the narrow part of the upper half of a bottle that is above the thicker, body-like section of the glass and is below the top of the bottle," that could be substituted for the figurative expression. An interaction theory would suggest that qualities of the neck would be shifted onto a person's understanding of that part of a bottle carrying that name. Unique among the five

groupings is the conceptual model, as proposed by Lakoff and Johnson (1980). It would suggest that the reason why that expression was used is because of some shared conceptual understanding, possibly that physical objects are like our bodies. Another way of stating this is that users of that expression understand or hold on to the a priori belief that parts of objects can be analogous to parts of the human body. This model, rather than describing just mechanism, also describes process.

Theories in Therapy

Whereas the previous section reviewed general theories and models of figurative language, this section is devoted to outlining theories and models addressing the potential role of figurative language specific to therapy. Despite the existence of numerous references to figurative language in some form or fashion as it relates to therapy in general, there surprisingly are only a handful of full-fledged theories that are specifically focused on figurative language in therapy (Kopp, 2001; Siegelman, 1990; Barker, 1985). In contrast, much of the published literature referring to figurative language in therapy targets its function in *only* a specific, rather than global, manner. For instance, it has been proposed that use of figurative language by a client serves to distance him or herself from emotionally difficult material (Lenrow, 1966). This is an example of specific rather than global proposed function of figurative language because it can be assumed that the clinicians that proposed this function would also propose that a client can use figurative language other than as a way to avoid. An example of global functioning would be one of the few figurative language theories of therapy (Kopp, 2001). For clarity in this review, the few specific theories have been grouped together in

what is referred to as the formal therapy theories and the other literature that does not belong to a theory, but rather only proposes functions for metaphor in therapy, have been grouped in what is referred to as the informal therapy theories. As such, each category will be discussed in turn.

Informal Models. There is a considerably large volume of literature outlining how the metaphor that people use, rather than being merely colorful and decorative language, is the metaphor they in fact "live by" (Lakoff & Johnson, 1980). That is, metaphor theoretically acts as a tool for reasoning and as such if changed (altered, expanded, or replaced), shifts the way a person thinks, feels, and acts. Similarly, another segment of the literature focuses on how metaphor is used to describe, categorize, and understand emotions. Still another segment is focused on how metaphor is used to describe the self. All of which come under the umbrella of literature suggesting that metaphor can be changed and/or used to help a client gain insight into their reasoning, emotions, belief structure, self identity, and presenting concerns. Another segment of this literature focuses on reasons why a client or therapist might choose to use a figure of speech rather than a more direct and literal articulation, suggesting that there may be times when figurative language is used to avoid discussing a difficult topic directly. This last segment is not mutually exclusive with the others. Another segment of literature discusses how use of figurative language may enhance or deteriorate communication between client and therapist. Still another segment of literature focuses on how figurative language use in therapy may help to promote client insight, empathy, and recontextualization of memories. In sum, clinicians and theoreticians have suggested that

figurative language use in therapy can be used/is used for: promoting insight and understanding, enhancing the therapeutic relationship, changing the process of therapy, and stimulation of memory.

The first grouping of informal therapy theories contains hypotheses and suggestions that figurative language use in therapy promotes client attainment of insight and a deepened understanding of their concerns and self and their emotions. Traditionally, heightened levels of insight with greater understanding by clients have been thought of as fundamentally important for client change to occur, if not directly responsible for all change. Considering this proposed relationship, there are numerous examples of hypotheses linking figurative language use with increased client insight into their problems, personal issues, proposed solutions, and self-identity.

Over the past forty years, clinicians have been proposing a relationship between figurative language use and subsequent client gains in insight (Angus, 1992; Lenrow, 1966; Voth, 1970; Fine et al., 1973). Others have also suggested possible mechanisms for that relationship. For example, Apter (1982), not only proposed a therapeutic relationship between client use of metaphor, but also suggested that its use in therapy creates a synergy of two concepts being brought together. In a way, he suggested that bringing the two concepts together allowed for clients to see their issues in a newer fashion, newer because of the combination of the two previously known concepts. Ferrara (1994) suggested that metaphor can be therapeutic through its use as a way of "summing up and generalizing global insights." Similarly, Arlow (1979) posited that figurative language discourse occurring between the therapist and the client is "an

enterprise of mutual metaphoric stimulation…in which the analyst…supplies the appropriate metaphors upon which the essential reconstructions and insights may be built (p. 381)."

Brooks (1985) and Stantostefano (1984) proposed that exploration of figurative language in therapy may promote insight by helping clients to symbolize meanings and thus, be able to articulate and manipulate the meanings more readily. Angus and Rennie (1989), found in their study investigating good-outcome therapy sessions, that a shared understanding of figurative language between the client and the therapist seems to help stimulate an insight "discovery" process via the use of a linguistic "shorthand." On the other hand, Mitchell (1988) suggested that use of figurative language in therapy helps clients to generate real life meanings by helping them to better see and examine an issue through a metaphoric lens. Hymer (1997) stated that metaphor use in therapy, "widens the horizons of meaning for the patient, opening up greater possibilities for exploration, "freeing " free associations as well as amplifying the patient's way of communicating."

Mair (1977) noted that, "the imaginative use of metaphor can create vibrancy, immediacy and vigor in both the making and expression of meaning. So metaphors give 'life' to our discourse." Barker (1985) proposed that metaphor helps clients who normally "intellectualize conventional interpretations" to gain insight and be open to another way of thinking by presenting alternative interpretations in such a way that the client is more likely to "hear" them.

All of these suggested links between metaphor use and the attainment of greater insight by the client either propose the change mechanism as caused by an increased

ability to talk about issues and/or due to the gain in emergent or new ways of thinking about current concerns. In addition to the attainment of general insight, a significant amount of the theoretical literature focused on metaphor and therapy also describes how metaphors and other figures of speech are used to describe the self and gain insight into the self.

Hoskins and Leseho (1996) provide an outline of metaphors of self, metaphors people use to describe internal processes and their personality. They propose that it is important for therapists to attend to the imagery and figures of speech used to self describe suggesting that, "how counselors perceive the organization for the self, and the metaphors they use, is reflected in the approaches they take when engaging with clients." Based on their review, they categorized figurative expressions relating to the self into six themes or types: 1) unitary self, 2) integrated self, 3) narrative self, 4) possible selves, 5) empty self, and 6) internalized selves.

They define the unitary self-metaphors as those consisting of figurative language describing characteristics of the self that are "core" and that "remain the same throughout life." They add that this imagery of the self is akin to the imagery described by theories of therapy prescribing removal of the outside layers and gradual strengthening of the deeper layers. The authors define the integrated self-metaphors as those that paint the picture of the self as having undesirable parts that many clients tend to want to remove. They suggest that in therapy the goal of therapy is to facilitate acceptance of the undesirable parts or to have them integrated. The third category, metaphors of the narrative self, was described by the authors as being comprised of

metaphors that associate the self with characteristics such as fluidity and adaptability, seeing the self as potentially evolving.

The fourth category of metaphors of the self, possible selves, is temporal in nature. These metaphors have the general theme of allowing the current self to change into a future self. The authors suggest that therapists and clients work together in identifying and defining what a possible future self would look like. Metaphors of the self placed in the category of Empty Self by the authors are those characterized by our attempts to fill up or grow into or somehow mature our selves until we are satisfied with them. The sixth category, according to the authors, was given the name, Internalized selves. It is made up of the metaphors of the self that describe having multiple separate selves or a "community" of selves. Therapists utilizing this understanding of self might encourage clients to accept the various members of the community as all being equal and equally important and valued. Also, therapists might make use of a group approach having each member of the self be a member of the group; therapy would consist of the group members talking to each other.

Cirillo and Crider (1995) suggest that one function of figurative language in therapy is to help in accommodating different viewpoints such as from members of a family, or regarding different but analogous situations, or even intrapsychological views. They stated that there could be various goals obtained through this secondary function of metaphor. For example, they suggested that at times cohesion would be a goal for therapy. As such, they suggest that a well-suited therapeutic metaphor would be one that

allows for multiple meanings to be condensed. In this manner, therapeutic material may be addressed indirectly.

Cirillo and Crider (1995) suggested that one therapeutically beneficial function of "changing perspective on a topic with borrowed terminology" is that it helps the therapist to use the client's own language and experiences to produce a metaphor that aides in the shift in perspective from the previous problematic way to a new and less problematic viewpoint. They suggested that one function of "using a novel combination to create or reveal something new" is thought to benefit the client therapeutically because it can help the client to not just shift perspective but to completely redefine the presenting problems and consequently create new possible solutions.

Another area in which it has been proposed that clients gain insight via the examination of figurative language in therapy regards their understanding of their emotions and emotional reactions. Averill (1990) described six metaphors that people use to describe their emotions. Kovesces (1986, 1990, 1991, 1995) demonstrated that affective states are commonly understood in figurative terms. He also found that this is true for several languages and cultures, thus providing evidence for the container theory, which suggests that metaphors hold information muc like a container that is then passed along to the hearer or reader. Fainsilber and Ortony (1987) also discussed how emotions can be expressed via the use of figurative language. Apter (1982) posited that "the study of metaphor tells us something not only about the way in which people think and communicate their ideas, but also something about the nature of emotional experience."

Many of the references to function of metaphor in therapy postulate that its use influences the process of therapy. For instance, some propositions outline how use of metaphoric language is an indirect way of speaking about issues. Other suggestions have related to how use of figurative language in a shared manner in therapy contributes to a deeper therapeutic relationship experienced between the therapist and client.

A relatively early proposition regarding figurative language and therapy was provided by Caruth and Ekstein (1966). They suggested that use of figurative language in therapy by the therapist can result in helping to maintain focused contact with client without turning the client off to therapy or overwhelming him or her. They suggested this phenomenon occurs because use of figurative language, rather than literal language, effectively distances the client from the actual meaning of his or her difficulty. In essence, they suggested that use of figurative expressions allows the client to indirectly focus without withdrawing from thinking about painful material. Similarly, Reider (1972) proposed that the impersonal qualities of figurative language effectively allow client and therapist to discuss relevant issues in a non-threatening manner. The proposed outcome of such use of figurative language would be continued positive direction in therapy due to avoidance or sidestepping of defenses. Others (Hymer, 1997; Sledge, 1977) have suggested that therapists might use figurative language in an effort to bypass defenses, particularly with clients that often meet other's suggestions with negations.

Martin, Cummings, and Hallberg (1992) suggested that therapists and psychologists have been interested in studying metaphor because therapists such as Freud (1965) and Jung (1961) postulated that metaphors could be used in therapy

sessions as a way for clients to be able to have access to processes and phenomena that were primarily unconscious. On the other hand, Apter (1982) suggested that utilization of figurative language in therapy is beneficial because it has "a propensity for heightening arousal and the intensity of experience when they are perceived." In her book entitled, "Meaning-making: Therapeutic Processes in Adult Development," Carlsen (1988) describes cognitive developmental therapy and use of figurative language in "reframing feelings as barometers of meaning, as indicators of change, and as the natural energy and fuel for the change process."

Brooks (1985) in an article focusing on the beginning sessions of therapy with children posited that figurative language could be used as a way to therapeutically focus on issues that are important in the beginning sessions of therapy. Specifically, he outlined five such issues: 1) description of problem, 2) reinforcement of image of therapist as a capable helper, 3) belief and hopefulness that difficulty can be resolved, 4) description of possible ways that the difficulty could be resolved, and 5) verbal acknowledgement that the process of confronting difficulties is laborious and hard. Brooks also suggested that it is important to take up and use the figures produced by the client, but also noted that at times it is more beneficial and even necessary for the therapist to introduce figurative language.

Ferrara (1994) in her book entitled, "Therapeutic Ways With Words," reviewed relevant literature and described her therapeutic discourse research focusing on the process of negotiating the meaning of figurative phrases. She outlined ways that metaphor can be therapeutically used in therapy. One way is using metaphor as an

indirect way of talking about difficult topics. Ferrara also suggested that the process of therapy can be shaped through helping to establish and maintain a strong therapeutic relationship. Regarding this last suggestion, she writes, “Listeners cannot be passive if they are to “get” the point of a metaphor, and perhaps it is this pricking of consciousness, this external stimulation to assume a more active than usual role in listenership, that fosters an increased participation by hearers (p. 131).”

She also reviews how metaphors may be “received” in therapy suggesting that there are four ways. There may be understanding without overt verbal communication of the understanding. On the flip side, the meaning may be entirely missed. The third way may be demonstrated by the metaphor being “received” or picked up and used, repeated, or discussed by the hearer. The fourth way may be that the two participants openly use, repeat, and in a collaborative fashion work toward a deeper understanding and application of the metaphor.

Another grouping of the informal hypotheses relating to therapeutic function of figurative language in therapy relates to the proposal that its use aids clients by providing an easily remembered therapy “capsule” that they can retrieve and use at a later date, helping the client to remember significant details about their past emotional responses, in a way helping them to “relive” those experiences they are attempting to remember, and helping them to stay true to their memories and to not create false memories.

Martin, Cummings, and Hallberg (1992) found four different functions of intentional use of metaphor in therapy. Their experiment consisted of having therapists

intentionally introduce metaphors to their clients during therapy. After each session, each client was asked a serious of questions regarding the sessions. They were asked to recall the session and produce "specific phrases or sentences" that were spoken during the session. They were also asked to identify the "most memorable event" and provide a rationale for why it happened to be the most memorable. Finally, the clients were asked to rate the helpfulness of the session. Martin, Cumings, and Hallberg (1992) reported that the three therapists reported producing metaphor intentionally, as required for the study, in 29 of the 41 total therapy sessions. They reported that in 19 of the 29 sessions, clients recalled phrases and wording from the sessions that corresponded to the therapists self-reported intentional metaphor production. They further stated that of the 19 sessions in which correspondence occurred between the therapist intentional use of metaphor and subsequent recall of metaphor from the sessions, 17 of those cases involved collaborative efforts between the therapist and client in developing the metaphor while in session. In their comparison of ratings of helpfulness for the sessions with intentionally introduced metaphors that were also remembered by the client and those sessions in which the clients did not report remembering any metaphors, Martin, Cumings, and Hallberg (1992) reported finding statistical significance. They also analyzed the reasons that the clients reported a statement or event in therapy had been memorable. They reported finding four overarching reasons: "enhanced emotional awareness and understanding," "conceptual 'bridging,'" "enhanced relationship with therapist," and "goal clarification." Based on their findings, Martin, Cumings, and Hallberg (1992) suggested that, "therapists can make intentional use of metaphor during

psychotherapy to enhance clients' encoding and recall of therapist-judged-significant therapeutic events and that such encoding and recall may be associated with clients' evaluations of individual therapy sessions as helpful."

Cirillo and Crider (1995) suggested that the one function of figurative language in therapy is that it allows the therapist to both identify and to focus on a topic while simultaneously making that topic more memorable. They point to the findings of Martin, Cumings, and Hallberg (1992) as providing support for this therapeutic function of metaphor.

Arbuthnott, Arthbuthnott, & Rossiter (1996), based on the results of a study investigating the creation of false memories via guided imagery, suggested that clinicians should utilize a client's figurative expressions and corresponding imagery rather than providing imagery through guided imagery to avoid the creation of false memories.

Summary

As outlined in the previous paragraphs, numerous references have been made concerning a hypothesized positive relationship between figurative language use and therapeutic change. It is important to note, however, that despite all the hypotheses proposing that use of figurative language in therapy is therapeutic, some have argued that at times its use could be counterproductive (Arlow, 1979; Carveth, 1984; Hymer, 1997; Nash, 1962; Sledge, 1977). Specifically, Thomas (1969) warned that not only do we benefit from using metaphor in the ways mentioned above, but that we also set boundaries around our understanding. Hymer (1997) proposed that therapist produced

metaphors can be helpful if they correspond to the client's understanding and way of thinking about his or her presenting concerns, but that they also have the potential to be harmful or at least not productive to the client if they only are projections of the therapist's way of thinking or culture. Hymer (1997) stated, "Beginning with Freud, analysts have chosen a wide range of metaphors to elucidate psychoanalytic theory and practice. Provided that clinicians avoid the pitfalls of reification, metaphors chosen by the analyst can facilitate understanding when they reflect the nature of the patient's experience."

Generally, such contraindications for use of figurative language related to the issues of aptness and misunderstanding. Many clinicians suggest caution when contemplating use of therapist generated imagery or metaphor. Rennie (1998) stated, "Appropriate use of images and metaphors arising in us thus requires appraisal. We need to detach momentarily from attending to the client in order to get a sense of whether they have to do with our experience of the client's experience or with our experience of ourselves independent of the client." (p45) Rennie (1998) stated, "verbal metaphors work best if they are pithy and apt so that they do not derail the client. Like symbolic images, apt metaphors recruit and integrate many strands of meaning. Both forms, if pertinent, thereafter enable the client and counselor to refer to complex meaning in a word or two, thus economizing the communication between them."

From reviewing therapist and client stated recall of meaning associated with shared metaphors, Angus and Rennie (1988, 1989) found that at times in a session the therapist and client may think that they are "on the same page," when actually they were

talking about two different meanings or subjects. They recommend that therapists ask client for fit of metaphor in order to check in and avoid miscommunication.

Formal Models. Although there have been several well known clinicians that have touted the value of using metaphorical interventions in therapy, for example Milton Erickson and Sigmund Freud, specific models or theories of therapy focusing on figurative language are few and far between. Of significance, three models stand out as clear-cut attempts toward establishing figurative language use in therapy as important and therapeutically valuable. Dr. Philip Barker, in his 1985 book entitled, "Using Metaphors in Psychotherapy," outlined a rationale for why a therapist would and would not use metaphorical interventions. In doing so, he also provided wonderful examples of metaphorical interventions that have been used in actual therapy. In her book entitled, "Metaphor and Meaning in Psychotherapy," Dr. Ellen Siegelman builds a theory that outlines the significance of metaphor use and function in therapy. Rather than describing a process that occurs in therapy such as how the two aforementioned models were written, the last major contribution appearing as a chapter titled, "Metaphor Therapy" written by Dr. Kopp outlines a program for therapy based on metaphorical interventions.

In his book, Barker (1985) provides an overview of metaphor use outside of therapy and by doing so suggests why metaphor can be effectively used in therapy. After providing arguments for why metaphor is important in therapy, he describes the function of metaphor, kinds of metaphor, and provides therapeutic metaphors with examples of their use for developmental problems, behavioral problems, emotional problems, family

problems, problems in general. Last, he provides an overview of how to implement metaphors in practice.

Barker (1985) starts off his book in the first chapter by suggesting that metaphor is "a time honored way of communicating" as illustrated by its traditional and pervasive use in religious parables, folklore, myths, poetry, novels, and fairy tales as well as its newer use in music, movies, and sitcoms. Barker deduces that because metaphors have been used so broadly and to such great extent historically and across mediums, there must be some advantage in using them as compared to using a literal alternative. He states that all forms of metaphor must have those advantages, but that for his purposes of outlining use of metaphor in therapy, the storytelling form of therapeutic metaphor best illustrates the advantages. He outlines eight advantages specific to use of storytelling in therapy, but that can be generally applied to use of all metaphor. He suggests that one advantage is that they are more interesting, often capturing one's imagination, inspiring change through action or by giving hope, providing options not yet considered, and by making possible choices okay to make. Another advantage, according to Barker, of using metaphor in therapy is that it can carry with it "varying degrees" of meaning that can be "veiled" and are subsequently less threatening to the listener.

Barker's third suggested advantage is that the listener can "use stories in their own way and for their own purposes." That is, with the introduction of the metaphor, the client then can choose to take it's meaning at what ever level of interpretation he or she feels comfortable with, or even consciously identifies. Barker's fourth advantage is that exposure to a metaphor can "directly affect a person's unconscious mind and attitudes."

He adds that this advantage is even that much better when chances of rejection of the underlying or surface meanings of the metaphor are ruled out.

Barker points out that a fifth advantage is that they are flexible as in being able to not only suggest solutions to problems, but also in being able to provide options, information, instructions, suggestions for action, or even to provide a different vantage point from which the listener can view both him or herself as well as the problem. Barker suggests that this advantage is often referred to as "reframing." He suggests that a sixth advantage is that they allow for the listener to be addressed vicariously through quotes of the characters in the story. Again, he suggests that this is advantageous because it does not directly threaten the listener, as he or she, although identifying with the character in the story, does not view the quote as being addressed to them. He provides the example of one character in the story saying, "That was a foolish decision." In this way, the listener does not feel that the therapist is saying he or she made a foolish decision. The seventh advantage that Barker outlined is that they help build rapport. He states, "Effecting major changes in clients' psychological states is seldom easy and usually taxes the therapeutic relationship to the fullest." (p. 20). Barker's last stated advantage for use of metaphor and storytelling is that therapist's use offers a model for communication.

The eighth benefit is provided in abbreviated form by Barker (p24): "They can entertain as well as inform. They can suggest things without confronting those to whom they are addressed. They are indirect and often ambiguous and so can have various meanings at different levels. They are flexible and can be used to embed messages. They

often assist in the establishment of rapport. They tend to be much used by effective communicators and can be useful in therapy."

Specifically with respect to therapy, he states that the underlying assumption behind why metaphor and figurative language can be used therapeutically is that metaphor can be taken literally by the conscious while at the same time being understood figuratively by the unconscious. He states, "Fairy tales, like many proverbs and biblical parables, usually make rather specific points and aim to teach specific lessons: therapeutic metaphors, on the other hand, offer new choices, especially new ways of looking at things, and can tap a variety of experiences, beliefs, and ideas that have been dormant in the listener's mind" (p. 13). He cites Bettelheim (1977) as suggesting that the repetition involved in fairy tales and children's stories is another important factor in teaching any underlying principles or morals. Barker, drawing an analogy, suggests that repetition may also be important for the effectiveness of therapeutic metaphor. Barker adds "it can often be helpful to offer the same message repeatedly in a series of metaphors."

In speaking about how metaphoric interventions can be used as a method for indirect language when a client is perceived to be defensive, Barker (1985) stated: "All these points could, of course, be made directly, but in metaphorical form they have more force and interest than would a series of injunctions about what one should and should not do. Made indirectly, moreover, the points are less likely to be resisted, and the chances of the storyteller being seen as moralistic are much reduced."

In the section of his book outlining therapy metaphor implementation, he suggests that metaphor is typically used as part of a strategic intervention plan and that as such, the strength of the rapport between the therapist and the client is pivotal. He suggests that indirect forms of therapy, such as when metaphors are employed, require trust between the therapist and client due to the indirect connection between topics discussed in therapy (metaphors, indirectly related homework assignments, etc.) so that the client will believe that the therapist is competent and that what he or she is asking the client to talk about or do is related and will eventually be productive for the client.

Barker (1985) in referring to research on metaphor use in therapy being scarce, stated: "[it] scarcely exists at all, presumably because a controlled study of the use of metaphors would be exceedingly difficult to do." Despite limited research, he reported that use of stories, anecdotes, and metaphorical interventions are widespread among therapists. Barker (1985) stated that the most recognized therapist who has used metaphor extensively was Milton Erickson and subsequently reviewed Erickson's purposeful use of anecdotes and stories. In a review of Erickson's teaching seminar where uses of metaphorical interventions was outlined, Barker listed the uses of metaphorical interventions. He including the following uses: to make or illustrate a point, offer potential solutions, help people to recognize themselves, seed ideas and increase motivation, control the relationship between therapist and client, embed directives, decrease resistance, reframe and redefine problems, build up the client's ego, model a way of communicating, remind subjects of their own resources, and desensitize people from their fears.

Barker (1985) also outlined how the appropriateness of using metaphorical interventions in therapy could be determined by using criteria related to each of the following issues: type of therapy, the clinical situation, the responsiveness of clients to direct communication, and therapists' preferences and experiences. With respect to type of therapy, Barker suggested that metaphorical interventions probably are best suited for those kinds of therapy in which the therapists are more active in providing their clients with information such as "ideas, instructions, solutions to consider, reframings, or other inputs which may or may not be immediately acceptable." He adds that that type of therapy typically is more strategic and/or systemic in nature and has, at its basis, a trusting therapeutic relationship. On the other hand, Barker suggested that therapies in which the therapist is not active or in which his or her role is rigidly constructed, such as in behavior therapy or more traditional psychoanalysis, may not be suited well for use of metaphorical interventions.

With respect to criteria for use of metaphorical interventions according to clinical situations, Barker (1985) outlined clinical situations in which he proposed metaphorical interventions to be of particular effectiveness. First, he suggested that they can be useful with unmotivated or dispirited clients by helping them to be able to find another method for being motivated again. Second, he suggested that they may help in getting clients that have not been accepting the therapists ideas or interpretations to consider them. Third, Barker (1985) suggests that when clients may become too upset with more direct interventions, use of metaphor can help to indirectly introduce information. Fourth, in clinical situations in which the client may be stagnated and/or bored, use of metaphorical

interventions may help to stimulate interest in therapy. Barker's fifth criteria for use of metaphorical interventions is when the client is in the "utilization" phase of hypnotherapy as this time, as well as moments of trance during therapy, which he proposes allows for the unconscious to better receive the metaphor and for the ambiguous nature of the metaphorical intervention to allow for a wider range of choices.

Concerning observations of how clients respond to direct communication can be used as a gauge for effective use of metaphorical interventions, Barker (1985) suggested that initial observation of a client's style, either more direct or more indirect, as well as an observation of the degree to which he or she intellectualizes can be used as a guide. He stated that if a client tends to speak indirectly or if he or she is direct, yet tends to intellectualize, then use of metaphorical intervention is warranted. Of note, he cited Hammond (1984) as finding that even Erickson used 80 percent direct and 20 percent indirect communication with his clients. Barker (1985) suggests that keeping those figures in mind helps us to understand that metaphorical techniques "should probably play an adjunct role" in therapy.

Barker (1985) suggested that therapists' comfort and ease at which they tell stories or use linguistic devices falling under the realm of figurativeness should be used to guide an individual therapist's use of this type of intervention. He adds that confidence can be built through practice in settings other than therapy. Baker also pointed out that use of metaphorical interventions can be helpful when discussing the process of therapy with clients.

Siegelman (1990) also addressed the use of metaphor therapeutically in her book entitled, "Metaphor and meaning in psychotherapy." She suggested in the preface of her book that, "metaphor making—the imaginative act of comparing dissimilar things on the basis of some underlying principle that unites them—is one of the ways we construct a new reality. By its very nature, metaphor combines what is already known in a new way to produce a new thing not yet fully understood."

In her model for using figurative language in therapy, she proposed that the metaphors client use innately possess varying degrees of import. A therapist, through experience and practice, can learn to differentiate the important uses from those that are not as important. Siegelman (1990) labeled the important metaphor uses, those carrying potential positive therapeutic qualities, as being salient and "key." Contrary to what might be expected, she proposed that even metaphors that are seemingly unimportant, can be "key" metaphors and potentially therapeutic if utilized.

Siegelman (1990) asserted that there are three important features of what she referred to as salient metaphors, or those metaphors that are of particular significance to a client's presenting problem: 1) they are often unconscious wishes or fantasies, 2) they are a combination of abstract thoughts and feelings and concrete imagery, and 3) and one of their results is insight. Far more than just proposing that metaphor can be an effective therapeutic tool, she argues that, "It is through metaphor that we come to understand the world and through metaphor that language itself develops (p. 3)." Throughout her book describing a model for using metaphor in therapy, she provided clinical examples and interpretations. She also addressed many of the informal hypotheses outlined in the

previous section, and as such to some extent, provided a "unified" theory or model for how to conduct therapy while therapeutically utilizing metaphoric content.

Kopp (1995, 2001) proposed an integrated theory and methodology; he coined "Metaphor Therapy." According to his definition, metaphor is a "powerful source of insight and change in psychotherapy." He reported (2001) that a significant step in the creation of his model came after becoming familiar with Lakoff and Johnson's conceptual metaphor theories, stating, "it occurred to me that their hypothesis may hold true for psychological reality as well. If so, then an individual's metaphoric language could be a direct expression and indicator of their metaphoric structure of personal identity." He added that the premise behind the focus of Metaphor Therapy is that "individuals, families, social groups, cultures, and humanity as a whole structure reality metaphorically."

Kopp (2001) suggested that at the individual level, which is of primary importance with regard to therapy, there are six metaphoric structures of meaning. He claims that those six structures of meaning are represented by the individual's understanding of: the *self*, *others*, *life*, *self-in-relation-to-self*, *self-in-relation-to-others*, and *self-in-relation-to-life*. He draws a parallel to other forms of therapy by indicating that other forms of therapy also target those underlying structures as being important for therapy.

Kopp (2001) outlined a systematic method for using both client-generated metaphors and therapist-generated metaphors in a therapeutic manner. In the first step, the therapist notices client-generated metaphors. In the second step, the therapist

addresses the metaphor and asks for the client to describe his or her image of the metaphor. The third step requires the therapist to ask the client to explore his or her image of the metaphor. The fourth step involves asking the client to associate feelings and reactions to the metaphor and imagery. In step five, the therapist helps the client "transform" the metaphor by asking how he or she would change it if possible. Next, in step six the therapist helps the client to make associations and connections between the metaphor and its imagery and a problem the client is experiencing. The final step, step seven, involves discussing how the client had wished to change the metaphoric imagery and examining if those changes would be possible in his or her real life situation.

In addition, he reviews the process that therapists typically progress through when learning how to conduct Metaphor Therapy. He reported that therapists usually begin by "missing" the metaphors that are produced in therapy, but that over time they begin to "pick up on" metaphors occasionally, but then experience difficulties in following both the verbal and metaphorical content of the therapy simultaneously. He suggested that at this point, they are not yet using metaphorical content to help conceptualize or interpret clinical material. However, he reported that with practice and experience, the therapists eventually begin to be able to attend to metaphorical content and use it to explore one of the six metaphorical structures of meaning.

Of note, others have proposed abbreviated manuals, outlining instructions, on how to make use of metaphorical content in therapy (Brink, 1982; Hoskins & Leseho, 1996; Wichman, Daniels, White, & Fesmire, 1999), but none have formulated an

overarching and global prescription for using figurative language to the same extent as Barker (1985), Siegelman (1990), and Kopp (1995, 2001).

Research Strategies, Findings, and Limitations

This section, devoted to research design issues for investigations of figurative language in therapy, covers three general topics: 1) research design and strategies that have been implemented, 2) limitations of the research to date, and 3) recommended research design and strategies not yet used.

Implemented Design and Strategies

Although when studying the general phenomena of metaphor, such as regarding the comprehension time of metaphor, psychologists have used numerous research strategies, few research strategies have been utilized when investigating the effects of figurative language use in therapy. Most have utilized natural observation strategies such as in case studies or single case research designs (Angus & Rennie, 1988; McMullen & Conway, 1994). As such, a large percentage of the studies have focused on single sessions or several sessions of therapy (Angus & Rennie, 1989; Rasmussen, 1995; Angus & Rasmussen, 1996; McMullen, 1989). With regard to analyses conducted on the data, most studies were restricted to providing descriptive findings for frequency of figurative language occurrence. Others offered visual analysis, such as by comparing figurative language use between good-outcome cases and poor-outcome cases.

Research Limitations

As one might anticipate based solely on the divided nature of the various fields in which figurative language is at times studied, the issues that are debated in those fields are also the foundation for some of the limitations in conducting research on figurative language. For example, many of the researchers actively pursuing a line of study in figurative language must decide what definition of figurative language to use and how to operationalize their chosen definition. To choose one definition over another definition at times will mean that the researcher's study will not be comparable to other investigations that have made use of a different definition. Other practical limitations to the investigation of figurative language use and function in therapy include: difficulty with measuring, lack of control, if controlled—loss of meaning and usefulness of findings, differences in spoken language—dialects, variation of use among people, difficulty interpreting and understanding findings, time, labor intensity, and general limitations associated with process research. Besides practical limitations such as the ones mentioned above, some investigators have suggested that the research designs used thus far generally have not allowed for an understanding of *process* of figurative language across and throughout therapy (Angus, 2000; McMullen, 1989).

Recommended Strategies

To some extent, the recognized limitations of this area of research allows investigators to readily identify how future research could be conducted to alleviate said limitations. For instance, many researchers have called for the use of qualitative analyses of figurative language expression (McMullen, 1985, 1989; Angus & Lawrence, 1993;

Angus & Rennie, 1988, 1989; Rasmussen & Angus, 1996, 1997). Others have argued for a combination of qualitative and quantitative approaches, such as might be offered from a Grounded Theory approach (Rennie, 2000).

Research of Figurative Language in Therapy

Research on figurative language in therapy, despite a long history of interest, has been sparse. Much of the dearth of research activity on this topic can be attributed to difficulties in measurement and research design. In addition, with limited findings, the progress of hypothesis testing and regeneration of testable hypotheses appears to have become stagnant. As such, not only the amount of known information regarding figurative language in therapy, but also the technology of how to investigate the phenomena have remained almost unchanged for years (McMullen, 1985).

Historically, researchers investigating the therapeutic influences of figurative language have shifted focus with regard to what variables they have chosen to examine. Over time, rather than discarding the previously investigated variables, they kept their initial focus while adding the newer variables to their studies. This means that recent research in this area not only reports results pertaining to recent hypotheses, but additionally reports results pertaining to older hypotheses. McMullen (1989) suggests that this cumulative feature of research in this area may be caused by a lack of definitive findings. That is, more recent researchers continue to include those initial variables in their study because their influence has never been truly understood. Given the paucity of research and the cumulative nature of how research in this area has developed over time, a chronological review is outlined below.

Initial hypotheses pertaining to the potential therapeutic influence of figurative language in therapy linked quantity of figurative language production to outcome in therapy. Additionally, many of the earlier empirical studies designed to investigate figurative language in therapy investigated the use of novel tropes or figures which were believed to be used when clients were either being creative or viewing the therapeutic issues in a new and different light (McMullen, 1989). These early studies made a distinction between what were thought of as "frozen" metaphors and what were deemed novel metaphors.

Frozen metaphors, at times referred to as "dead metaphors," were defined as clichéd expressions or idioms such as the phrases, "head of the table" or "mouth of the river," which according to the view of the time have lost the novelty that they had when originally used. As the name suggests, novel metaphors were ones that had not been used commonly in everyday speech, if at all. In many of the early studies, novel metaphors were hypothesized to be more important in therapy (Pollio & Barlow, 1975, 1977). The view basically was that being able to think about a concept in a new way leads to insight. One early study by Pollio and Barlow (1975) found that clients produced proportionally more of both frozen and novel metaphors than the therapist. They also found that over a single session the ratio of novel metaphors to all spoken words increased for both the client and therapist toward the middle section of the session. As such, they suggested that novel production, occurring in "bursts" of activity, tended to coincide with moments in therapy when the client appeared to be gaining insight.

McMullen (1985), when comparing figurative language usage in sessions resulting in good-outcome and sessions resulting in poor-outcome, found that therapists had a higher ratio of novel metaphors to all words than did the clients. Further, McMullen in this same study found that the client in the good-outcome therapy continued the production of novel metaphors over the sessions while the client in the poor-outcome therapy decreased novel metaphor production after the second session. On the other hand, in an unpublished dissertation, Amira (1982; as cited in McMullen, 1996) found in a case-by-case analysis that there was not a discriminating difference between figurative language production in good-outcome vs. poor-outcome therapy.

Despite a lack of definitive research findings, clinicians and researchers continue to suggest a relationship between novel figurative language use and subsequent therapy gain. Siegelman (1990) has suggested that there are times when frozen metaphors produced in therapy are important points of focus. Similarly, McMullen (1985; 1989) suggested that some frozen metaphors are significant and meaningful. Given this continued interest, McMullen (1996) stated that "most researchers have now abandoned the novel-frozen distinction and tend to report overall use of all instances of figurative language."

As stated above, one initial focus of figurative language research was on the quantity of figures produced in therapy, as it was suggested that the amount of figures would change as therapy progressed and might mark significant instances of therapy process. In addition to the Pollio and Barlow (1975) study mentioned above, Pollio, Barlow, Fine, and Pollio (1977) also investigated the quantity of figurative language

production in several cases of psychotherapy. They found that on average, about five percent of spoken language is figurative. They also found that in therapy, clients tended to use 1.5 novel and 3.4 frozen or "clichéd" figures per 100 words. Hill and Reagan (1991), also investigating this variable, reported that on average clients produced more metaphors than therapists. Further, in the good-outcome case on which they focused their analysis, the client used more metaphors than the therapist. Similarly, McMullen (1989) reported that clients produced more "theme related" metaphors than therapists. She also found that metaphor production did not discriminate good-outcome from poor-outcome therapy cases. Further, McMullen and Conway (1994) in an analysis of 21 cases of therapy found that clients produced an average of 18.46 instances of figurative language in therapy. In a follow up analysis, they found that production of figurative language with the theme of interpersonal actions of self, others, or both was not a variable that distinguished good-outcome therapy from poor-outcome therapy and as a whole was not related to outcome.

Still, another general focus for figurative language research has consisted of studies investigating themes underlying the figures of speech used in therapy. As reported above, in Pollio and Barlow's (1975) study, they found that novel figures were produced in bursts and suggested that those bursts might be somewhat similar to a spurt of creative energy being unleashed. They also suggested that these spurts of figurative language production constituted metaphor themes.

Similarly, McMullen (1985), with regard to client/counselor sharing of metaphoric themes, found that there was a difference between a good-outcome therapy

case as compared to a poor-outcome therapy case. That is, in the poor-outcome case the client did not frequently repeat the metaphors introduced by the therapist. In contrast, the client in the good-outcome case not only used his or her own metaphor themes, but also would repeat the metaphors that had been originally introduced by the therapist. McMullen suggested from these findings in good-outcome therapy cases, there is more "sharing of figures between the client and therapist."

In a following study, McMullen (1989) found that there was not a difference or discrimination between the degree of "sharing" metaphoric themes in the good-outcome vs. poor-outcome therapy sessions. Hill and Reagan (1991) found that "sharing" did occur with 3% of therapist-generated metaphors being repeated by the client and 13 % of client-generated metaphors being repeated by the therapist. McMullen (1996) reports that in her studies, she found that this "sharing" occurred more frequently in good-outcome therapy cases than in poor-outcome therapy cases. The concept of "sharing" figurative language can be further complicated by the distinction that Angus and Rennie (1988) suggested. They labeled two patterns of metaphor elaboration. The first, called "meaning conjunction," is when the therapist and client share and elaborate the meaning of figurative language in much the same manner as what the before mentioned researchers had done. The second pattern, labeled "meaning disjunction," happens when a misunderstanding of the produced metaphoric language seems to have occurred. The research by Angus (1992) and by Angus and Rennie (1988; 1989) have not conclusively linked either one of these patterns to outcome measures of therapy.

Process variables and their relationship to figurative language use in therapy has also been investigated. Research to date has found six process variables that relate to figurative language production in therapy: insight, interventions, helpfulness, involvement or experiencing, themes, and metaphoric identity. Of these six, the first four seem conceptually linked due to the fact that interventions are typically designed to guide the client in finding insight and to be helpful. Also, being able to wisely use an intervention necessitates that the therapist has some understanding of the "experience" of the client.

With regard to the process variable of insight, Barlow, Pollio, and Fine (1977) found two patterns of figurative language use in a one-hour taped session and in five separate sessions from a particular client/therapist dyad. These researchers suggested the first pattern was that metaphoric language occurred during times that independent judges rated the client as illustrating insight. The second pattern suggested is that spurts of figurative language production alternated with spurts of literal language that the judges coded as expressing insight. Measuring the variable "interventions," Hill and Regan (1991) found that therapist's reported intentions with regard to production of figurative language were to: 1) encourage insight, and 2) express support and understanding. They also found that both clients and therapists rated metaphoric utterances as more helpful than utterances without metaphor. Similarly, Martin, Cummings, and Hallberg (1992), looking at the variable of "helpfulness," found that client's tended to rate sessions in which metaphor had been explicitly used as more helpful than the sessions without metaphor use. With regard to experiencing metaphor use in therapy, Hill and Regan

(1991) reported that raters coded clients who were producing metaphors as not experiencing as much feeling as clients who were not using metaphoric language. This finding is supported by the theory that metaphors are safe ways for people to express deeper emotions. Rasmussen and Angus (1996) in a qualitative analysis also found evidence to support a distancing of emotions for some metaphor use by clients.

With regard to figurative language being characterized by themes in therapy, there have been a large number of studies (Angus & Rennie, 1988, 1989; McMullen, 1996; Kovesces, 1986, 1991; Pollio & Barlow, 1975, 1977) that have found that client shifts in metaphor use can be used to mark the different topics and content of each session. Rasmussen and Angus (1996) found that figurative language use often illuminated clinical issues and that therapists tended to use figurative language as a way to move the client toward a deeper engagement in therapy.

In summary, research focused on the therapeutic influence of figurative language began with simple investigations examining quantity of figurative language production and over the past thirty years has shifted focus to new variables for examination. Current research continues to pay tribute, in a way, to the early hypotheses while gradually shifting focus toward hypotheses of greater sophistication. That is, while early studies proposed simply tallying figures per sessions or comparing good-outcome to poor-out come sessions, more recent investigations have focused on the interaction of themes and have considered issues of timing. As a whole the research findings have been somewhat equivocal with regard to therapeutic impact of frequency of overall figurative language production. There has been much more support for the link between figurative language

themes and concurrent positive changes in the client, either as gains in immediate insight or ultimately as indicators of good outcome for therapy. One of the major thrusts of recent research has been in examining the link between therapy process and the shared themes in figurative language.

Summary

Spanning across academic and professional fields, there has been a long history of interest in figurative language. Over the years that philosophers, linguists, and psychologists have devoted time and energy in its investigation, it has been the source of much debate. That debate can be described as ranging in issues from suggestions that it is a fundamental building block of language to suggestions that it does not hold any linguistic or psychological value. During times when it was considered at least of some importance, examination of figurative language could be summed up as having two general points of interest. With those points of interests in mind, the question of what is figurative language and, secondly, of what function it serves were examined. Those questions continue to be at the heart of almost all figurative language research.

More recently, clinicians and researchers in applied psychology have shown interest into possible therapeutic influences of figurative language spoken in therapy. Research in this area has been sparse, especially when considering the magnitude of theoretical literature espousing some implied therapeutic properties of figurative language. The research examining the effects of figurative language in therapy to date has been limited in scope. Some have suggested that despite clinical suggestions that figurative language does enact a positive influence on the process of therapy, the

limitations relating to research design and measurement have made it close to impossible for interpretable studies to have been conducted. Further, research findings to date have been equivocal with regard to many of the targeted characteristics of figurative language. Of note, researchers have found that figurative language in therapy tends to be theme oriented, have therapeutically meaningful spurts of use associated with themes, and that those spurts of theme related figures are shared between the client and the therapist. Given the history of clinical judgment pointing toward figurative language as therapeutically meaningful as well as the limited research findings to date that support that general hypothesis, it is not surprising that research will continue in this area.

Research Questions and Hypothesis

The following research questions will be addressed in this study:

1. To what degree are the different figures of speech used in the therapy of experts as indicated by therapy training tapes? Are those figures of speech mostly novel or frozen? How frequently are those figures of speech conceptually shared by both members of the therapy dyad?
2. How does using figures of speech that share an underlying conceptual meaning relate to subsequent ratings of the therapeutic bond and experiencing?

The following hypothesis is being examined: There is a positive relationship between use of shared figurative speech between the therapist and the client and subsequent increases in the working relationship and client experiencing.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this chapter is to provide a detailed description of the methodology and procedures used in this study. As such, this chapter is divided into the following sections: research design, operational definitions, sample, measures, variables, manuals, procedure, judges, and plan for statistical analyses.

Research Design

This study utilized a correlational design and examined within subject changes after exposure/participation in two conditions. The first condition was made up of instances when the therapist and client used shared conceptual figurative language. The second condition was made up of instances when the therapeutic dyad used figurative language that did not belong to the same conceptual grouping. Of note, initial plans for the study included a third condition of instances when neither member of the therapeutic dyad used figurative language, acting as a control, but after examination of the transcripts no data existed that did not fit the first or second condition.

Operational Definitions

In order to complete this study, it was necessary to operationally define concepts such as figurative language, shared figurative language, therapeutic relationship, and excerpt. As described in the literature, figurative language has three qualities or characteristics: figure of speech, novelty, and shared qualities. It is necessary to

operationalize each of those characteristics of figurative language. Figure of speech and novelty were both operationalized according to the Barlow et al. (1970) manual for identifying figurative language. Specifically, the manual instructed judges on how to identify fourteen distinct figures of speech (see Appendix B), such as metaphor and simile, and rate specific uses of figures of speech as either being novel or frozen.

Novelty with regard to figures of speech was operationalized as a measure of the extent to which a figure of speech has been utilized in everyday literature or communication. When a specific figure of speech, such as "the head of the table," has been used in the past, then it was rated as being frozen (also referred to in the literature as being clichéd or dead). On the other hand, when a figure of speech was identified as being new or not having been used in the past, it was coded as novel.

An operational definition for the shared characteristic of figurative language was based on work by Angus and Rennie (1988; 1989). By examining therapy dyads and identifying and sorting themes of figurative language, they determined that one of two global categories of figures of speech in therapy could be described according to how the therapist and client verbally interact with figures of speech. They called that process Metaphoric Communication Interaction and defined it as having two parts, either meaning *Conjunction* or meaning *Disjunction*, which are measurements of the degree to which the therapist and client share the same or similar underlying meaning of a figure of speech. Based on that definition, shared figurative language was operationally defined for this study on two levels: the figure of speech level and the excerpt level. With regard to the figure of speech level, shared figurative language was defined as figures of speech

that had an underlying concept similar to another figure of speech used by the other member of the therapy dyad during an excerpt of therapy. Using this operational definition, each figure of speech was rated as being shared (conjunctive) or not shared (disjunctive). The second level of shared figurative language, the excerpt level, is operationally defined by whether or not any figure of speech occurring during an excerpt is rated as shared (conjunctive). If at least one figure of speech in a two-minute excerpt is shared (conjunctive), then the whole excerpt is rated as shared (conjunctive).

For this study, the therapeutic relationship was defined by two characteristics: bond between the therapist and client and the client's depth of experiencing. Therapeutic bond was operationally defined as scores on the Bond scale of the Working Alliance Inventory (WAI, Horvath et Greenberg, 1986). Depth of experiencing was operationally defined by Depth of Experiencing ratings (EXP; Klein et al., 1969).

Sample

The sample for this investigation consisted of examples of expert practice in therapy as demonstrated in video taped therapy sessions by seven well-known psychologists (see Appendix A). These therapy videos had been originally produced for the purpose of training or demonstrating how to conduct specific methods, techniques, and/or types of therapy. The process of selecting the experts and their training videos began by determining a rule for identifying who qualified as "expert." The investigator determined that an expert for this study is operationally defined as having at least one of the two following qualifications. The first qualification was the presence of significant section/chapter devoted to his or her work in two popular theories of counseling and

therapy texts (Corsini's, 1995 text or Corey's 1996 text). The second qualification was that this expert had to be featured in a training video produced by the American Psychological Association.

Seven training video therapy sessions ranging in time of production across the past four decades were used in this study. Therapeutic styles among the therapists represented in the training videos varied including client centered, rational emotive, cognitive-behavioral, BASIC-ID, etc. (for details, see Appendix A). The therapy sessions contained in those videos were primarily initial sessions and ranged in length from 42 to 46 minutes. The purpose of many of the training videos was to illustrate differences in theory and practice of specific styles of therapy and to provide examples of how specific types of therapy are performed. Several of the sessions were filmed with the same client but participating in therapy with another therapist. After transcriptions of the sessions were completed, examination of the sessions yielded fifty-six smaller excerpts to be statistically and qualitatively examined.

Measures

The Experiencing Scales

The Experiencing Scales (Klein et al., 1969) are instruments designed to measure a client's level of emotional involvement in therapy and a therapist's role in helping a client to become emotionally involved in therapy, respectively. As such, there is a Patient Experiencing Scale and a Therapist Experiencing Scale. In addition to a full version of these scales, short-form versions of these scales have also been developed. As defined by the authors of the Experiencing Scales, the concept of *experiencing* is defined

as “the extent to which inner referents become the felt data of attention, and the degree to which efforts are made to focus on, expand, and probe those data” (Klein et al., 1986, p. 21). These scales were designed based on two theories: Gendlin’s experiential theory and Roger’s client-centered theory (for a detailed review, see Rice & Greenberg, 1984).

According to Klein, Mathieu-Coughlan, and Kiesler (1986), the Experiencing scales were developed for the purpose of examining segments of therapy sessions from 2 to 8 minutes long. The Experiencing Scales were one of the first widely used therapeutic process instruments (Hill & Corbett, 1993).

The two versions of this instrument have seven levels or stages that correspond to a seven-point ordinal rating system or Likert scale. Raters are trained to produce “running ratings” of the client and therapist dialogue. Raters are also trained to summarize the “running ratings” into two scores, the *mode* ratings and the *peak* ratings. As the names suggest, the *mode* ratings are the most frequent level or stage that the client or therapist dialogue remained in during the segment of session that was coded. The *peak* rating is the highest level reached during that same segment of discourse.

Only the Patient Experiencing Scale was used in this study. The stages or levels of the Patient Experiencing Scale measures client verbal behavior. The first stage in this scale is characterized by the client describing external events and having a somewhat apprehensive verbal stance with regard to full participation in therapy. In the second stage, the client continues to describe external events, but has also added descriptions of his or her behavior and/or thoughts. The client demonstrates lack of involvement emotionally or what might be considered superficial involvement. The third stage is

characterized by the client providing his or her behavioral and emotional reactions to external events, using some self-description, and describing some behavioral indicators of his or her feelings. In the fourth stage or level, he or she begins to openly describe feelings and more personal kinds of experiences to a greater extent than he or she did in the previous stages. In this way, the client is describing self-referents. The fifth stage is characterized by the client sharing and elaborating on thoughts and difficulties about his or her feelings and experiences. In the sixth stage or level, the client demonstrates that he or she is beginning to sense and describe his or her self-referents differently. Klein et al, (1986) describe this stage by suggesting that the client begins to have a "felt sense of potentially more than can be immediately thought or named." The final level is comprised of the client speaking of his or her greater awareness of feelings and referents and demonstrating a greater ability to explore for deeper meanings.

The Therapist Experiencing Scale is divided into two parts, the *referent* and the *manner*. Klein et al., (1986) suggested that *Referent* denotes the content of what the therapist is addressing in his or her comments and that *Manner* refers to the way in which the therapist makes those comments. There are seven corresponding levels for *Referent* and for *Manner*. In this way, the Therapist Experiencing Scale is ordinal with a seven-point scale similar to the Patient Experiencing Scale, but it has the addition of having each comment coded as both a Referent and as a Manner. Thus, the Patient Experiencing Scale produces one rating per patient comment, whereas the Therapist Experiencing Scale produces two ratings.

The stages or levels of the Therapist Experiencing Scale describe not only the verbal behaviors of the client, but also the therapist's ideal corresponding responses. For example, in the first stage or level the therapist typically responds to the client's describing external events that really do not involve the client by being somewhat detached. In the second level or stage, when the client begins to describe external events in which he or she is involved and when he or she begins elaborating on his or her thoughts and feelings, the therapist responds by demonstrating interest and by making non-feeling-based references to self. When in the third stage the client shares his or her reactions and behavioral indicators of his or her feelings, the therapist responds by also expressing his or her reactions and feelings. In the fourth level, the client provides a description of his or her feelings along with corresponding details of personal experiences. The therapist then becomes empathic by helping the client to identify the underlying feelings, intensify his or her reactions, and by forming relevant associations. The fifth level is characterized by the client discussing his her thoughts regarding his or her feelings and experiences and the therapist responding by sharing the therapist's feelings in such a way to promote further exploration from the client. This exploration is thought to help the client become aware of deeper emotional feelings or to help the client identify emerging emotional reactions. In the sixth level or stage, the client focuses on that new awareness. The therapist responds by affirming the client via expression of his or her uncovered or emergent feelings. In the final level can be characterized by the client gaining the ability to address his or her feelings and thoughts concerning self and to do so fluidly by being able to move from one self reference to another easily. The

therapist response in this stage parallels the client's new found ability to integrate and discuss new self awareness. Accordingly, he or she easily integrates and discusses all of the previous reactions and experiences.

Klein et al. (1986), although stating that any point in therapy can be analyzed using the Experiencing scales, suggested that particular events may be chosen because they are, "(1) moments thought to relate to events that are personally important for either the patient or the therapist (e.g., the therapist's absence, a family crisis); or (2) theoretically relevant points where the experiencing level of the patient might be thought to change or to reach a specified level as a function of a particular therapeutic technique or intervention (i.e., the incorporation of family members in the session").

Rice and Greenberg (1984) outlined four key events with regard to these scales. First, they suggested that in stages three and four, the client begins to refer to him or herself experientially. This is important according to experiential theory because it sets up the groundwork for further exploration of self referents. Second, they suggested that in stages four and five, the client begins to demonstrate greater and greater capacity to stay focused on a problem. The third key event as outlined by Rice and Greenberg occurs in stages five and six when the client gains greater and greater capacity to self-reflect. The final key event, taking place in stages six and seven, is the product of the client's new found greater capacity to self-reflect that emerges as the obtainment of new feelings of positive referent.

Reliability

According to Klein et al. (1969), the method for training raters is sufficient to allow people other than therapists to reliably code client verbal behaviors. Kiesler (1970) found no statistically significant difference between naive raters vs. clinical professional raters.

Klein et al. (1969) reported that an average interrater reliability found in nine studies was .75. Klein et al. (1986) provided a summary of reliability findings from studies in which the full form of the scale was used by raters trained via the training manual. They reported reliability indices for both the mode and peak Experience ratings for various kinds of studies. For example, for fifteen studies examining segments of therapy, they reported reliability findings ranging from .76 to .93 for the modal rating and from .61 to 93 for the peak ratings. For three single-case studies of therapy, they reported reliability findings ranging from .61 to .83 for the modal ratings and .64 to .87 for the peak ratings. Klein et al. (1986) also reported findings from studies that did not use therapy interviews. From the seven non-therapy studies, they reported reliability scores ranging from .62 to .87 for the modal ratings and .64 to .96 for the peak ratings. They also reported reliability ratings for non-therapy assessments and for studies that used the shortened form of the Experience Scales (see, Klein et al., 1986).

Validity

The Experience Scales were constructed based on two theories of psychotherapy that point toward a client's increasing ability to identify and discuss self referents as being pivotal for change and psychological development. Rogers et al. (1967) reported

findings that offer support for construct validity, finding that the stages of the Experiencing Scales correlated with other process variables such as expressiveness and level of distress, variables also thought to change over the course of therapy or psychological adjustment.

Klein et al. (1986) reported research findings offering evidence of validity. They divided this research into four sections: personality or mental health, facilitation or teaching deepening of experience, therapist conditions, and therapy outcome. They suggested that according to the theoretical base for the Experiencing Scales, scores are thought to reflect a person's mental health and degree of involvement in therapy. Research examining these constructs were placed in the section labeled, personality. With respect to the studies they included in the personality section, they reported equivocal findings.

Klein et al. (1986) suggested that according to the theoretical base for the Experiencing Scales, experiencing can be facilitated or encouraged. They placed research examining outcomes for teaching or facilitating deepening of experiences in the facilitation section. Klein et al. (1986) reported the research to date supported the hypothesis that the ability to deepen experiences can be facilitated.

Concerning therapist conditions and treatments, Klein et al. (1986) reported that high experiencing ratings have been found to be associated with therapist interventions rated to be of high quality, but that the degree of relationship has been found to be stronger in studies using finer-grained analysis or single case studies. Klein et al. (1986)

also listed research findings demonstrating that increasing scores on the experiencing scales is associated with positive outcome in therapy.

The Working Alliance Inventory

The Working Alliance Inventory-Observer Form (WAI-O; Horvath & Greenberg, 1989; Tichenor & Hill, 1989) was used in this study to measure the quality of the relationship between the therapist and the client. The observer version of the WAI instrument was developed after the Client and Counselor versions.

Item Selection/Test Development

Horvath and Greenberg (1989) reported that their approach when developing this instrument was twofold: to maximize outcome variance and to do so based on a specific theory. Concerning the issue of having a specific theoretical basis, the authors state that this instrument is based on Bordin's (1980) definition of working alliance: "what makes it possible for the patient to accept and follow treatment faithfully" (Bordin, 1980, p. 2, as cited in Horvath & Greenberg, 1989). As Bordin's theory suggested three components of the therapeutic relationship, the authors of the WAI created a total of 91 items divided among the three proposed components (35, 33, and 23 original items for their respective components titled, *Bond*, *Goal*, and *Task*.)

The authors reported (Horvath & Greenberg, 1989) that once the initial items had been created, seven experts in the field of working alliance rated each of the items on a 5-point Likert scale measuring relevancy to working alliance (1 = no relation, and 5 = very related) and also categorized the items according to the three components of *Bond*, *Goal*, and *Task*. Items with averages of 4 or less on the Likert scale were eliminated

from the item pool. With each of the items coded as fitting into one of the three categories or components, low percentage agreement (defined as 70% or less) between the working alliance experts served as another condition for item elimination. After this process was completed, a total of twenty-one items were removed from the list of possible items and another 11 items were edited. The authors did not provide information as to what categories those changed/deleted items had originated.

Next, the authors took the remaining 70 items and asked 21 local psychologists to perform the same rating steps as were given to the working alliance experts. From this process, the authors report that there were another 15 items taken out of the item pool. Fifty-five items remained and were divided by component or category. Each category was then sorted by meaning with meaning clusters being reduced in size by removing those items with low ratings. The authors state that this process continued until 12 items remained in each of the categories, thirty-six items in all.

Reliability

Horvath and Greenberg (1989) state that reliability estimates were calculated based on data from pilot testing. Using the pilot test data, they report that item homogeneity indices for each of the scales ranged from .85 to .88 on the Client version of the WAI and from .68 to .87 for the counselor version. They report that Cronbach's Alpha procedure produced reliability estimates of .93 and .87 for the client and the counselor versions respectively. Horvath and Greenberg (1994) report that reliability estimates for the subscales, as compared to the estimates for the overall instrument, are lower, ranging from .68 to .92. Plotnicov (1990) calculated test-retest reliability for the

whole instrument across three weeks to be .80 and ranging from .66 to .74 for the subscales/components.

Validity

Horvath and Greenberg (1994) report that the WAI's validity is mostly based on the accuracy of the content rating process described earlier in which two different groups, first seven working alliance experts and then twenty-one local psychologists, rated the original items based on content and fit with Bordin's components of alliance.

Correlations between WAI scores and scores on other working alliance instruments have also been reported, providing possible evidence for both convergent and discriminant validity. Horvath and Greenberg (1994) suggest that because the WAI is based on a specific theory of alliance that scores on the WAI should generally be positively correlated with other measure of alliance. Tichenor and Hill (1989) compared six measures of working alliance, including the WAI-O, and found that the WAI-O was highly intercorrelated (.71, .82, and .84 respectively) with the Vanderbilt Therapeutic Alliance Scale (VTAS, Hartley & Strupp, 1983), The California Psychotherapy Alliance Scales (CALPAS, Marmar et al., 1987), and The Penn Helping Alliance Rating Scale (Penn; Alexander & Luborsky, 1986; Luborsky et al., 1983).

Horvath and Greenberg (1994) also suggest that possible evidence of discriminant validity might be offered if the WAI is not highly correlated with measures of working alliance that are distinct in some manner, possibly theoretically. According to Horvath and Greenberg (1994), some studies (Adler, 1988; Horvath & Greenberg, 1989; Moseley, 1983) have demonstrated that the WAI has a significantly lower degree of

correlation to measures of alliance that are distinct theoretically, such as the Counselor Rating Form (CRF; LaCrosse, 1980).

Variables

The independent variable for this study was the category of shared figurative language dialogue between the therapist and his or her client. There were two levels of this variable: conceptually shared figurative language termed *conjunctive* figurative language (Angus & Rennie, 1989), conceptually not shared figurative language termed *disjunctive* figurative language (Angus & Rennie, 1989). Categorization of data into levels was made by the figurative language judges using the conceptual rating system described later in the measures section of this chapter. The dependent variables for this study were scores on the WAI and on the EXP scales provided by the counseling process judges. Specifically, the Bond scale of the WAI and both the Peak and Mode scores of the EXP. Other variables that were examined for the purpose of describing the phenomenon of figurative language in therapy include: count of figurative language, number of Exp changes, and the Task and Goal scales of the WAI.

Manuals

Training Manual for Identifying Figurative Language

The Training Manual for Identifying Figurative Language (Barlow, Kerlin, & Pollio, 1970) was used to train the figurative language discourse coders. This coding system contained definitions of varying kinds of figurative language, examples of the different kinds of figurative language, and a method to identify and code each kind of figurative language used in text or spoken speech. Additionally, it outlined how to make

distinctions between novel and frozen instances of figurative language. Example text was provided for training as well as expert ratings of that text for comparison.

Training Procedure

The step-by-step training procedure outlined in the manual was divided into four sections, each composed of what the authors classified as a distinct major grouping of figurative language. For each grouping of figurative language, the training consisted of the provision of specific kinds of figurative language comprising the grouping, their respective definitions as well as examples of each kind (see Appendix B). The manual reported that the trainees were to identify the kind of figurative language for selected problems. And finally, the manual provided a text, specifically four sample training stimuli, in which the raters were to identify the kinds of figurative language. They were then to compare their ratings to each other and come to a consensus for their overall rating.

Interrater Reliability Evaluation

The training manual outlines a system for coding responses across all raters and provides an Agreement and Judgment Table in which the researcher should keep track of the judges' agreements for the training ratings. Using this table, the manual states that the researcher can determine the percentage of agreement between raters. Past research (Pollio & Barlow, 1975; McMullen, 1985) using this agreement table have reported percentages of pre discussion agreement ranging from as low as 71 % to as high as 92 % with the lowest agreement percentage raising to 80 % with recorded post discussion. For the purpose of this investigation, rater judgments were tracked throughout the training

procedure. In addition, a sample therapy transcript was provided for additional practice and the raters' judgments were recorded and tabulated as well.

Shared Figurative Language Discourse Coding System

A three category coding system was developed in planning the study. The categories consisted of *conjunctive*, *disjunctive*, and *neutral* language. The definition of *conjunctive* and *disjunctive* figurative language first used by Angus and Rennie (1988) was used. That is, figurative language was categorized as *conjunctive* if it was matching the figurative language concept expressed by the other speaker at any time during the session or segment of session. An example of matching or *conjunctive* language use by a therapist might be a therapist using the expression "drifting with the current of the river" after the client had used the expression "slowly floating down the river." In this example, both expressions appear to be based on the same concept, making them conceptually *conjunctive* with one another. If, on the other hand, the second utterance had referred to "being lost in the woods," then it could be said that each expression was based on a different concept and thus are conceptually *disjunctive*. After an expression was identified as figurative language by the figurative language judges, the judges then determined if the utterance was *conjunctive* or *disjunctive* using this system. This task was made easier by tracking the "themes" or "concepts" of the figurative language used (for example of themes found in data, see Appendix C).

Training Procedure

Training of judges to make ratings of shared figurative language was incorporated into the standardized training for identification of figurative language. Once judges became proficient at identifying instances of figurative language, they were asked to identify themes or concepts underlying each of the instances of figurative language. Using the training materials provided in Training Manual for Identifying Figurative Language (Barlow, et al., 1970) as well as similar training procedures to those outlined in that manual, the investigator instructed the judges to individually identify themes, but later cooperatively discuss and agree on identified themes. Similar to the method (Barlow et al., 1970) for coming to agreement between raters for judgments of novel vs. frozen figurative language, a majority vote among the ratings of the judges determined theme of figurative language. For example, suppose a phrase such as, "one more puff and its going to blow up" spoken by a client in reference to a balloon being similar to his anger is selected by the judges as being a novel case of figurative language, specifically metaphor. Each of the judges rating this phrase would then describe on his or her rating template using one word or a simple phrase their understanding of the underlying concept or theme. Staying with the example, suppose that three judges wrote the following for concepts: judge 1: emotion held in container; judge 2, anger not contained any longer; and judge 3, emotion in container. Once the judges complete the rest of the training text, they then compare underlying concepts or themes for each instance of figurative language. In the case of the example, majority rule would suggest that the concept to be used when comparing to other figurative language would be that "emotion is held in a container."

The Experiencing Scale

The Experiencing Scale training manual (Klein, Mathieu, Gendlin, & Kiesler, 1969) was used to train the counseling process judges in use of the Experiencing Scale. The manualized training for this scale contained stage/level definitions for therapeutic process, examples of the expert Experiencing Scale ratings of actual therapy sessions, a method to identify and code each stage of therapy process, a method for determining interrater reliability, the Short Form of the Experiencing Scale to be available for replication with author consent, definitions of mode and peak ratings, and an overview of each of the training sessions with curriculum.

Training Procedure

The manual for the Experiencing Scale consists of training curriculum and coding exercises. In brief, judges in training read text explaining concepts related to therapy process, familiarize themselves with a seven level rating system, and then practice using that system on sample therapy dialogue. After completing ratings, each judge then compares his or her ratings to the provided expert ratings and notes the expert justifications for each of his or her ratings. This process is continued until the judges are able to make judgments similar to the expert examples. According to the manual, this procedure may be completed individually or while in a group. For this experiment, training took place individually. The authors of the manual note that training while alone, rather than as part of a group, has been tested to be as effective as when training in a group. However, the authors strongly encourage that if judges are training alone, they should frequently check with other judges or with the coordinating trainer. As such,

judges were required to review expert examples at midpoint of their data coding and to check in with the coordinating trainer.

The manual suggests that the Experiencing Scale judges be required to listen to training tapes of therapy and follow along with the provided transcripts of those sessions. Because the judges in this experiment did not use taped sessions to make their ratings, but instead only used transcriptions, the judges were trained without the audiotapes.

Interrater Reliability Evaluation

Interrater reliability will be examined for the measures used in this study. It will be evaluated for the figurative language judgments using three procedures. First it will be examined via the manner the manual outlines—agreement tables. Next it will be examined using a probability calculation (Markus et al., 1996). The final manner it will be evaluated is via calculation of Kappa and Kappa Max. With regard to the Experiencing scale, the manual states that interrater reliability between two or more judges may be evaluated via Ebel's (1951, see Guilford (1954) for details) intraclass method. The authors suggest that this method provides an estimate of interrater reliability based on the means of ratings for the respective judges and that it compares variance in ratings among the judges. Although Ebel's method for estimating interrater reliability was suggested, Cohen's Kappa statistic (1960) was deemed a more appropriate statistic to use. However, the needed ratings to perform that statistic were not collected. Interrater reliability for the judges who rated the Working Alliance Inventory will be evaluated using Kappa and Kappa Max statistics.

Procedure

Therapy training videos were reviewed for acceptability of use in the study. Criteria for determining if a therapy training video would be used included the following requirements: videos had to contain actual clients as opposed to actors, and videos had to be designed to demonstrate expert therapy as conducted by expert therapists. Once selected, each video was transcribed in full in order to allow for examination of figurative language discourse and to aid in dividing the example therapy session into smaller segments for further examination, coding, and statistical analyses.

Second, three coders were trained using a figurative language manual (Barlow, Kerlin, & Pollio, 1970). As outlined in the training manual, interrater reliability was calculated by use of the supplied agreement table procedure. This procedure and the results are outlined later in this and the next chapter. After meeting minimum requirements for interrater reliability based on research articles using this manual, the judges were then trained to code themes or conceptual framework of figurative language, determine if sequential figurative language events were conceptually related, and to make ratings of how important they believed the concept/main point of a particular instance of figurative language was for overall outcome in therapy.

Third, two-minute excerpts of the therapy sessions were taken out or separated from the training videos transcriptions for detailed analyses. The method for selecting those segments had three steps. First, each transcribed therapy session was visually examined from start to finish with segments being selected in sequential order. Initially, this analysis was intended to result in segments consisting of the three figurative

language conditions with the identification of any of those three conditions serving as criterion for selection of particular segments. However, the neutral condition was not represented in the data at all and, consequently, the design changed to only include the first two conditions, shared figurative language and not shared figurative language. By using this segmenting method, segments were selected and were later judged by raters to determine if they represented shared or not shared figurative language. It should be noted that the majority of segments immediately followed a segment and, additionally, were immediately preceded by a segment. This review of the data resulted in fifty-six, two-minute long segments chosen for further examination. These excerpts of actual therapy were then given identification numbers and were randomly assigned to be coded by the figurative language judges.

Fourth, other judges were trained by manual to complete measurements of therapy process, the Depth of Experience scale (Exp) and the Working Alliance Inventory (WAI). Upon reaching criteria for agreement as outlined in the Exp training manual, the judges rated the transcripts of the two-minute segments for depth of experience and working alliance (see outline on materials and manuals later in this chapter for more details on the Depth of Experiencing Scale and the Working Alliance Inventory). And last, statistical analyses of coded information were conducted.

Judges

To maintain internal validity, separate judges were needed for determining/rating figurative language and for completing the two counseling process inventories. In addition, all judges were unaware of the fact that variables were being examined in the

study other than the ones that they were trained to rate/judge. Further, the judges knew that the purpose of the study was to examine therapy process, but were blind to the hypothesized relationship examined in the study. The first set of judges were trained via a manual to identify figurative language and make ratings based on conceptual grouping of figurative language. The second set of judges were trained to make counseling process ratings by using two inventories, the Working Alliance Inventory, Observer Form (WAI-O, Horvath & Greenberg, 1986) and the Depth of Experience Scale, Client Version (Klein, Mathieu, Gendlin, & Kiesler, 1969). The following paragraphs provide additional information on each of the respective kinds of judges who participated in this study.

Figurative Language Judges

The manual for categorizing figurative language (Barlow, Kerlin, and Pollio, 1970) required three judges to be used in coding figurative language. Consequently, three volunteer judges were trained to identify figurative language. Additionally, these judges were trained to determine conceptual category ratings of the figurative language they found in the therapy dialogue. All of the figurative language judges were female and ranged in age from 25 to 30. Each, at minimum had a masters level degree in counseling psychology from a large Southwestern University. None of the figurative language raters reported having previous knowledge of how to identify figurative language.

Counseling Process Judges

The participants who volunteered to be counseling process judges for the two inventories consisted of Masters and Doctoral students in Counseling Psychology at a large Southwestern university. There were three judges trained to code therapy process. Of those, all were female ranging in age from 27 to 30 years. None reported having previous experience with either of the instruments that they used.

Plan for Statistical Analyses

Interrater reliability calculations for both the figurative language ratings and the therapy process ratings will be conducted. The interrater reliability statistic used for the figurative language ratings and therapy process ratings Cohen's Kappa.

Descriptive statistics were calculated to provide descriptive information about the excerpts and count of figurative language. A correlation between the therapy process measures was performed. Finally, a regression analysis was conducted. All statistics were calculated using the SPSS statistical software package (SPSS Inc., 2002).

CHAPTER IV

RESULTS

The purpose of this chapter is to provide the results of the statistical analyses that were conducted for this study. As such, it is divided into two primary sections. The first section outlines the analyses conducted for the purpose of providing sample characteristics whereas the second reports analyses conducted for the purpose of addressing the stated research questions.

Sample Characteristics

This section outlines the results of the analyses conducted for the purpose of describing the sample. The sample is described by examining the excerpts, the interrater reliability, the correlations between dependent variables, and measures of central tendency for the therapy process variables. The results from examining the sample by each of those ways are outlined separately below.

Excerpts

The first way to describe the sample used in this study is to examine the excerpts. The excerpts are the two-minute segments of transcribed therapy that must contain one of the three figurative language conditions used as data in this study. There were a total of 56 excerpts produced from the seven expert-therapy training videos. Each excerpt was judged by the figurative language raters, yielding information on the following variables: 1) count of figures of speech per excerpt, 2) type of figure speech and conceptual theme of each instance of figurative language, and 3) whether or not a particular figure of speech was novel or frozen and conjunctive or disjunctive.

Each excerpt was also examined by the therapy process raters using the Depth of Experiencing Scale (EXP) and the Working Alliance Inventory (WAI). As such, dividing the transcribed videos into 56 excerpts allowed for multiple ratings of each excerpt using the variables mentioned above.

Therapists Represented by the Excerpts

One way of describing the excerpts is by examining from which therapists the excerpts were taken. Frequency statistics were calculated to determine the number of 2-minute excerpts that came from therapy sessions conducted by specific expert therapists. Another way of stating this is that frequency statistics were calculated to determine the number of excerpts that represent therapy dialogue or discourse from each of the seven expert therapists (see Table 1). According to the frequency distribution, the number of excerpts taken from a particular therapist ranged from as few as 1 excerpt to as many as 15 excerpts. The average number of excerpts taken from a therapist is 8, but if the therapist with only one excerpt is not considered, then the average increases to 9.1 excerpts per therapist. Table 1 also illustrates that approximately 64.3 percent of the excerpts were taken from only three therapists, whereas the other four therapists were represented by 35.7 percent of the excerpts. Although this data is reported for the purpose of providing a description of the sample, it is not used in the analyses conducted for this study.

Table 1

Number of Excerpts Taken from the Therapy Sessions Conducted by Specific Experts

Therapist	Number	Percent of Total
Rogers	11	19.6
Perls	5	8.9
Lazarus	15	26.8
Shostrum	10	17.9
Meichenbaum	8	14.3
Beck	6	10.7
Strupp	1	1.8

(N = 56)

Number of Figures of Speech Used per Excerpt

The sample can be described according to the total number of occurrences of figurative language used. Counting instances of figurative language for the entire sample, there were 611 figures of speech found. Looking at figurative language use across the 56 excerpts, the count of figures of speech ranged from as few as four per excerpt to as many as 20 per excerpt, with the average number of figures used per excerpt being 10.9 (SD = 4.18). Table 2 presents the frequency distribution of figure of speech use across the excerpts. From Table 2, the mode of figurative language use (8

excerpts) had 9 instances of figurative language and the lowest occurrence (only 1 excerpt) had twenty instances of figurative language. While this data is not used in the analyses of the research questions and hypothesis, it is presented for the purpose of providing a description of the sample.

Table 2

Frequency Distribution of Figurative Language Counts Per Excerpt

Figure of Speech Count*	Frequency of Excerpts	Percent of Excerpts
4	2	3.6
5	4	7.1
6	4	7.1
7	3	5.4
8	2	3.6
9	8	14.3
10	5	8.9
11	4	7.1
12	7	12.5
13	3	5.4
14	2	3.6
15	3	5.4
16	3	5.4
18	3	5.4

Table 2 Continued

Figure of Speech Count*	Frequency of Excerpts	Percent of Excerpts
19	2	3.6
20	1	1.8

(N = 56) * Count = Number of Figures of Speech occurring in a 2-minute excerpt. The Frequency and Percentage listed above represent the frequency and percentage of excerpts having those specific figure of speech counts.

Type of Figure of Speech

The frequency and percentage of each category of figure of speech was calculated for excerpts. First, a count of the total number of figures of speech produced across the entire sample yielded 611 phrases identified as a figure of speech (see Table 3). A frequency breakdown of the figures of speech illustrating how often each figure of speech was found in the data (see Table 3) indicates that the majority of figures, a total of 565 out of 611, were coded as *metaphor*. The second and third most prominent figures of speech were *simile* and *hyperbole*, with 13 and 14 instances each. No instances of *apostrophe*, *anthimeria*, or *onomatopoeia* were coded.

Table 3

Frequency of Type of Figurative Language Across All Excerpts Combined

Type of Figurative Lang	Frequency	Percent
Metaphor	565	92.5
Simile	13	2.1
Oxymoron	1	.2
Personification	3	.5
Metonymy	4	.7
Periphrasis	1	.2
Pun	3	.5
Hyperbole	14	2.3
Litotes	1	.2
Irony	2	.3
Rhetorical Question	4	.7

(N = 611)

Whereas Table 3 provides the overall frequency of the fourteen different types of figures of speech examined in this study, Table 4 illustrates the frequency of type of figurative language used in therapy sessions conducted by specific expert therapists. Again, omitted from the table are the three types of figurative language that were not found: *apostrophe*, *anthimeria*, and *onomatopoeia*. As can be seen from Table 4, the

number of metaphors used in the excerpts taken from the respective therapists range from as few as 12 to as many as 133. However, each therapist's percent use of metaphor out of the total figures of speech range from 80 to 96.

Table 4

Frequency of Figure of Speech Used in Therapy Conducted by Experts

	Expert Therapists						
Figure of Speech	Rogers	Perls	Lazurus	Shostrum	Meichenbaum	Beck	Strupp
Metaphor	126	71	133	77	78	68	12
Simile	2	1	4	1	4	1	0
Oxymoron	0	0	0	1	0	0	0
Personification	0	0	1	0	1	1	0
Metonymy	2	0	1	0	0	1	0
Periphrasis	0	1	0	0	0	0	0
Pun	0	0	0	1	2	0	0
Hyperbole	0	1	7	0	3	1	2
Litotes	0	0	0	0	0	0	1
Irony	10	0	1	0	0	1	0
Rhetorical Question	1	1	1	1	0	0	0
Total	131	75	148	81	88	73	15

Novel vs. Frozen

Frequencies and percentages were calculated for the novelty category of all the figurative expressions. The majority of the entire sample's figurative language was

found to be frozen, 581 instances out of 611 total (see Table 5). This left only 30 instances of figurative language judged as being novel. The frequency of this variable across the specific expert therapists can be seen in Table 5. As in the entire sample, the majority of occurrences for each of the experts also are frozen. With regard to frozen figures uttered by the therapists, the percent total ranges from 94 to 100.

Table 5

Novel and Frozen Figures of Speech Used in Therapy Conducted by Experts

	Type of Figurative Language				
Expert Therapist's Session	Novel	%	Frozen	%	Total
Rogers	5	.04	126	.96	131
Perls	8	.11	67	.89	75
Lazarus	6	.04	142	.96	148
Shostrum	4	.05	77	.95	81
Meichenbaum	5	.06	83	.94	88
Beck	2	.03	71	.97	73
Strupp	0	0	15	1.0	15
Total	30	4.9	581	95.1	611

(N = 611) Each figure of speech identified within the excerpts was included in this sample of 611.

Conjunctive vs. Disjunctive

Frequencies were calculated for the conjunctive status of each figure of speech in all of the excerpts. The figure of speech is counted as conjunctive if it is congruent in meaning with the underlying conceptual foundation of the figurative language used by the other member of the therapy dyad. Table 6 illustrates that 86.7 percent of the figures of speech were disjunctive or had a unique/different underlying concept than the other figurative expressions used by the other therapy dyad member in the excerpt from which dialogue was taken.

Table 6
Frequency of Conjunctive and Disjunctive Figures of Speech for Entire Sample

Type of FL	Frequency	Percent
Conjunctive	81	13.3
Disjunctive	530	86.7
Total	611	100

(N = 611)

An additional variable was created using the initial ratings of conjunctive vs. disjunctive figurative language in order to focus on the excerpt level rather than just on the individual level of each figurative expression. For the new variable, if any one instance of an excerpt's uses of figurative language was found to be conjunctive, then

the entire excerpt was coded as conjunctive. To investigate the characteristics of this new variable, frequency and sum calculations were conducted. Table 7 illustrates that 57.1 percent of the 56 excerpts were judged to be conjunctive and 42.9 percent were judged as disjunctive.

Using that variable, Table 7 provides the frequency of the conjunctive vs. disjunctive excerpts derived from therapy by the respective seven experts. As can be seen from the table, 100% of the five excerpts taken from Dr. Perls' training sessions might be described as having conjunctive figurative language. On the other extreme, the one excerpt taken from Dr. Strupp's training session was coded as having all disjunctive instances of figurative language. With respect to the other therapists' excerpts, percentages of conjunctive excerpts ranged from 30 to 83 whereas percentages of disjunctive excerpts ranged from 17 to 70.

Table 7

Conjunctive vs. Disjunctive Figures of Speech Used in Therapy Conducted by Experts

	Conjunctive		Disjunctive		
Therapist	count	%	count	%	Total Count
Rogers	5	45	6	55	11
Perls	5	100	0	-	5
Lazurus	9	60	6	40	15
Shostrum	3	30	7	70	10
Meichenbaum	5	63	3	37	8
Beck	5	83	1	17	6

Table 7 Continued

Therapist	Conjunctive count	Conjunctive %	Disjunctive count	Disjunctive %	Total Count
Strupp	0	-	1	100	1
Total	32	57.1	24	42.9	56

(N = 56) Note: Conjunctive and disjunctive ratings are calculated by a determination of whether any figure of speech uttered by a dyad was conjunctive with any other utterance by that same dyad.

Interrater Reliability

In this section, interrater reliability calculations will be presented. The steps used to check the level of interrater reliability for the figurative language raters culminated in figurative language agreement tables that illustrate the interrater reliability of the judges when conducting practice exercises on sample stimuli. Estimates of interrater reliability between the figurative language judges were also provided via statistical calculation of Cohen's Kappa (Cohen, 1960; Fleiss, 1981). With regard to the Working Alliance Inventory, estimates of interrater reliability were calculated by comparing separate judges' ratings on multiple excerpts. Estimates of interrater reliability were provided by calculation of Cohen's Kappa statistic.

Establishing Interrater Reliability for the Figurative Language Judges

This section reports the results of the training for establishing interrater reliability among the judges when coding figurative language. It also reports the results of statistical procedures calculated to measure interrater reliability. The manual for coding figurative language (Barlow et al., 1970) provided a training method for increasing rater agreement. In brief, raters were independently trained via the manual and example stimuli. The example stimuli were passages of text and transcripts of dialogue much akin to the excerpts used later in this study. The raters were then given five training stimuli to rate independently, all four original training stimuli from the Barlow et al. (1970) training manual plus one additional segment taken from the data set used later for this study. Once they were finished rating, they then met together as a group to process and discuss their ratings. At this gathering, rater agreement data were collected.

The manual provided a coding scheme for rater agreement consisting of the number of raters who initially identified a figure "plus" or "minus" the number of coders who disagreed with that initial rating. For this rating system, the raters as a group either ended up agreeing to accept or reject an expression or word as being a figure of speech. A coding scheme, described below, represents how the raters came to their agreement. This coding scheme ranged from (3+0), (2+1), (1+2), (1-2), or (2-1) with the first three codes representing times when all three judges accepted a rating and the last two codes representing times when the judges as a unit rejected a rating. That is, the codes (3+0), (2+1), and (1+2) are all in agreement that an expression is a figure of speech and codes (1-2) and (2-1) are in agreement that an expression is not a figure of speech. For

example, if during the training meeting as the judges were collectively reading over the stimuli, one judge had selected a phrase as figurative, then the he or she announced it to the other judges and provided his or her rationale for doing so. Then the judges would discuss the phrase and come to a decision as to whether or not the phrase was figurative. If all three judges decided it was figurative, then the coding for that instance of figurative language was (1+2); If the other judges were not swayed by his or her argument, then that instance of figurative language was given (1-2) as the code.

The manual also outlined a method for calculating agreement between raters. That method, used in previous investigations utilizing the Barlow, Kerlin, and Pollio (1970) manual (Pollio & Barlow, 1975; McMullen, 1985), involved tracking rater agreement throughout the training process using the codes outlined above. Table 8 presents the data on agreements and disagreements of figurative language ratings aggregated over the five training stimuli (Appendix D provides them separately). It should be noted that targeted rater agreement in the previous studies using this figurative language rating system was set at 80 % agreement. According to that criterion, the agreement found between raters in this study was considered good because the percentage surpassed the targeted rater agreement established in previous studies.

Table 8

Results of Training Procedure: Totaled Across Training Stimuli and All Raters

	Novel		Frozen	
Rating Category	N	%	N	%
Accepted				
3+0	17	15	56	50
2+1	3	3	22	20
1+2	1	1	12	11
Subtotal	21		90	
Rejected				
2-1	-	-	-	-
1-2	-	-	-	-
Subtotal	-	-	-	-
Total	21	19	90	81
Judgments				
% Accepted	100			
% Rejected	0			

When the Figurative Language Judges examined the therapy excerpts, they only coded language they identified as being figurative and did not note all the language that was not figurative. An analogous situation would be when a coder would be assigned to identify arrhythmia by listening to a data stream of heartbeats. The positive instance of identifying arrhythmia would only happen occasionally and the rest of the time the coder would not probably mark down a series of "no's" for the times when it was not present. Similarly, the word or combinations of words that were not identified as being instances of figurative language were not tracked. Further, doing so would be extremely tedious

considering that every word and combination of words had to be considered. This is important to note due to its implications when calculating interrater reliability. When ratings are only made for the positive instances of a phenomenon, the negative instances are not coded. Traditionally, Cohen's Kappa (Cohen, 1960) would be calculated to provide estimates of interrater reliability. However, Markus, Bland, Rose, and Siebler (1996) argued that use of that statistic is inappropriate when negative instances of a phenomenon are not recorded, as with the figurative language data in this study. They proposed an alternative procedure whereby the probability that if one judge identifies a phenomenon, another judge will also identify those same phenomena. The authors of the figurative language training manual (Barlow et al., 1970) published their exercises in training on the sample stimuli. As such, their data can be compared to the data produced during the training for this study. Using this procedure, each of the four original training stimuli and their corresponding figurative language ratings produced by both the authors and the judges in this study were compared. For the first stimulus, the calculated probability that when one rater identified a figure of speech another would also was .907 (See Appendix E for those agreement probability calculations). This suggests that 90 percent of the time when a figure of speech was identified, at least two raters identified it. The results for the second, third, and fourth stimuli were .855, .945, and .832, respectively (Appendix E). These probabilities are considered high (Markus et al., 1996) and suggest that the judges used in this study were identifying figurative language similarly to the author's of the figurative language manual (Barlow et al, 1970).

Fleiss (1981) described a statistical procedure for calculating Kappa for multiple raters. This statistic was used on the ratings that the figurative language raters made initially, prior to their group discussion and processing of ratings. That statistic was calculated and is reported in Table 9 below. Kappa coefficients for all raters overall varied from -.566 (S.E. = .077) to -.747 (S.E. = .094) across all four passages. Kappa Max and Kappa/Kappa Max were also calculated and are provided in Table 10. The Kappa/Kappa Max statistic is used to indicate the proportion of agreement found amount the raters when the maximum Kappa value that is possible is taken into account.

Table 9

Multirater Kappa for Figurative Language Training Judgments

Training	Overall Kappa				Individual Kappa		
Passages	K	S E est.	Z		K	S E est.	Z
1	-.594	.102	-5.82	Rater 1	.91	.14	6.28
(N = 16)				Rater 2	1.0	.14	6.93
				Rater 3	.71	.14	6.28
2	-.628	.075	-8.42	Rater 1	.95	.11	9.01
(N = 30)				Rater 2	1.0	.11	9.49
				Rater 3	1.0	.11	9.49
3	-.572	.096	-5.94	Rater 1	1.0	.14	7.35
(N = 18)				Rater 2	.92	.14	6.75
				Rater 3	.92	.14	6.75
4	-.566	.077	-7.33	Rater 1	.95	.11	8.69
(N = 28)				Rater 2	.94	.11	8.66
				Rater 3	.95	.11	8.67
5	-.747	.094	-7.95	Rater 1	.92	.13	6.97
(N = 19)				Rater 2	.92	.13	6.97
				Rater 3	.91	.13	6.90

Table 10

Kappa and Kappa Max Statistics for Figurative Language Ratings

	Statistics	Rater Combinations		
Passages		1 & 2	1 & 3	2 & 3
1	Kappa	.429	-.14	-.14
	Kappa Max	1.000	1.000	1.000
	Kappa/Kappa Max	.429	-.143	-.143
	Observer Agreement	.875	.750	.750
	Chance Agreement	.781	.781	.781
2	Kappa	-.03	-.14	.302
	Kappa Max	.793	.714	.535
	Kappa/Kappa Max	-.043	-.200	.565
	Observer Agreement	.667	.733	.800
	Chance Agreement	.678	.767	.713
3	Kappa	-.09	-.09	-.06
	Kappa Max	.455	.455	1.000
	Kappa/Kappa Max	-.09	-.09	-.059
	Observer Agreement	.778	.778	.889
	Chance Agreement	.796	.796	.895
4	Kappa	-.06	-.06	-.06
	Kappa Max	.472	.472	.472
	Kappa/Kappa Max	-.120	-.120	-.120
	Observer Agreement	.857	.857	.857
	Chance Agreement	.865	.865	.865
5	Kappa	-.09	.204	-.02
	Kappa Max	1.000	.659	.659
	Kappa/Kappa Max	-.086	.309	-.036
	Observer Agreement	.579	.632	.526
	Chance Agreement	.612	.537	.537

Calculating Kappa for the post-discussion ratings, those that are reported in the agreement table (Table 8) above, was not performed due to the nature of the data without

any examples of the raters disagreeing or rejecting a phrase once it was identified by one of the judges and subsequently agreed to by the remaining judges. In addition, the "built-in" discussion session required by the training manual, by its very nature, means that the subsequent ratings would be related and biased. It should be noted that the pre-discussion ratings and the exercise from which they were obtained were used for the purpose of training, and as such, represent the raters while still developing their rating skills via the feedback acquired during the discussion component of training.

Interrater reliability was also calculated for the WAI. During data collection, the judges were each given three of the same excerpts so that ratings could be collected on the same stimulus by all three judges. Cohen's Kappa statistic was calculated, comparing two raters at a time for each of the three excerpts. Table 11 illustrates the nine Kappa results in one table. It was found that Kappa ranged from as low as .28 to as high as .62, with this statistic representing stronger interrater agreement the closer it approaches 1. All the Kappa statistics reached statistical significance, indicating that the ratings were similar and were not due to chance alone. There is debate as to whether or not to use ranges for Kappa (Uebersax, 1987), however, ranges have been suggested (Cohen, 1960; Landis & Koch, 1977). Landis and Koch (1977) suggested that Kappas below .4 are poor, from .4 to .75 are fair, and above .75 are good. Based on those ranges, two of the Kappa statistics fall in the poor range, with the others falling in the fair range. It should be noted that Kappa statistics can be low despite having high levels of agreement between raters (Landis & Koch, 1977), suggesting that interpretation of Kappa should be made with caution. Fleiss (1981) argued that the calculation of Kappa Max aids in

interpretation of straight Kappa. As such Kappa Max was calculated and is presented along with Kappa. Fleiss (1981) described a statistical procedure for calculating Kappa for multiple raters and the results of that statistical procedure are presented in Table 12.

Table 11

Kappa Statistics for Three WAI Ratings by Three Judges

Judges	Kappa Statistic	Significance
Excerpt 1		
Raters 1 and 2	.62	0.00
Raters 1 and 3	.49	0.00
Raters 2 and 3	.62	0.00
Excerpt 28		
Raters 1 and 2	.37	0.00
Raters 1 and 3	.49	0.00
Raters 2 and 3	.42	0.00
Excerpt 50		
Raters 1 and 2	.42	0.00
Raters 1 and 3	.53	0.00
Raters 2 and 3	.28	0.00

(N = 36 items)

Table 12

Multirater Kappa for WAI Judgments

	Overall Kappa				Individual Kappa		
Excerpts	K	S E est.	Z		K	S E est.	Z
1	12.43	.068	182.73	Rater 1	1.0	.10	10.39
(N = 36)				Rater 2	.96	.10	9.95
				Rater 3	1.57	.10	16.36
28	15.79	.068	232.07	Rater 1	1.57	.10	16.31
(N = 36)				Rater 2	.96	.10	9.95
				Rater 3	1.38	.10	14.31
50	7.60	.068	111.57	Rater 1	.96	.10	9.94
(N = 36)				Rater 2	.96	.10	9.95
				Rater 3	.96	.10	9.98

Process Variables

The sample can also be described by examining the process variables. In this study, the process variables consisted of the three WAI scale scores and three scores derived from the EXP scale ratings. Descriptive statistics were calculated for the process variables in order to provide a general description of the overall sample. Simply stated, measures of central tendency were calculated and are reported below. Interrater reliability statistics were calculated and reported for both of the process variables. Additionally, Pearson r correlation statistics were calculated to determine the relatedness of the two process variables.

Working Alliance Inventory Description

The sample can be described according to overall scores obtained on the three WAI scales of *Task*, *Bond*, and *Goal*. Accordingly, the *Task* scale, measuring whether the therapy dyad had established and worked together on collaborative tasks ranged in scores from 33 to 64. The mean was 50.04 (SD = 6.85; N = 56). The *Bond* scale, measured the degree to which the therapy dyad had established a felt relationship, ranged from 31 to 63. The average Bond scale rating was 47.98 (SD = 7.97; N = 56). Additionally, the *Goal* scale, measured the degree to which the therapy dyad had collaboratively established a goal, of the WAI ranged from 45 to 73 with a mean of 55.80 (SD = 7.79; N = 56). These descriptive calculations of the WAI and its three scales are limited in how they can be compared to findings in previous studies due to the novelty of using two-minute excerpts for WAI measures. However, it should be noted that scores for each of the WAI scales can range from a low of 12 to a high of 84. The range of scores found in this study for the three WAI scales intuitively makes sense because the ratings are of expert therapist sessions, where it would be expected that the expert therapists are actively attempting to establish/build rapport and working alliance, and thus higher scores should be found.

Description of the Depth of Experiencing Scale

The Depth of Experiencing Scale (EXP, Klein et al., 1969) is a rating system designed to measure the quality of language spoken between a therapist and client. Because each of the excerpts were rated using this scale, the sample can also be described by the EXP ratings. The EXP ratings include the EXP modal ratings, and EXP

peak ratings, and the count of EXP level changes per excerpt. Each variable is addressed below.

EXP Mode. The EXP Mode scale provides an estimate of the average EXP ratings over the course of an excerpt. The sample can be described by examining EXP Mode ratings (Table 13). Based on the frequency distribution, the EXP Mode rating that was most commonly used was Level 3, followed closely by Level 5. Table 13 also provides the percentages for the EXP Mode levels.

Table 13

Frequency of Exp Mode Scores

Mode Scores	Frequency	Percent
1	1	.02
2	6	.11
3	20	.36
4	10	.18
5	17	.30
6	2	.04

(N = 56)

EXP Peak. The EXP Peak scale provides an estimate of the highest level of EXP ratings per excerpt. The sample can be described according to the highest or peak level

of EXP across excerpts. This measure is different than modal ratings of EXP because it might only represent one statement by the client, whereas modal ratings of EXP provide a measure of the majority of EXP ratings for an entire excerpt. According to the overall ratings, Exp Peak levels 4, 5, and 6 are all close in their percentage of occurrence in the sample (see Table 14). It is important to recall that all the EXP ratings, including EXP Peak, range from a shallow level of communication identified by lower EXP ratings to a deeper level of communication, thought to be more therapeutic, identified by higher EXP ratings. As such, EXP Peak ratings may be viewed as comprising language that is thought to be the most therapeutic during a particular excerpt. An interpretation of the high frequency of EXP Peak ratings occurring in the upper range indicates that the excerpts and overall sample had a deep level of quality therapeutic communication.

Table 14

Frequency of Exp Peak Scores

Peak Scores	Frequency	Percent
2	1	.02
3	8	.14
4	17	.30
5	16	.29
6	14	.25

(N = 56)

EXP Level Change. Unlike the other two EXP scales discussed above, the EXP Level Change variable has not been examined in published research to date. One of the reasons for this is that the EXP scale has not been utilized to examine temporal process changes. Examining the EXP Level Change that occurs in a single excerpt can provide information on the changing quality of the language spoken between the therapist and the client. As a whole, the majority of excerpts were judged to have two or fewer changes in EXP level with 39.3% having only one change and 28.6% having two changes (Table 15). Additionally, only 7.1% of the excerpts were judged not to have any changes in EXP level at all. Cumulatively, the range from 0-2 changes in EXP level represented 75% of the excerpts in the sample. In addition, Table 15 provides a listing of percentages for level changes found.

Table 15

Frequency of Changes in Exp Levels

Changes	Frequency	Percent
1	4	.07
2	22	.39
3	16	.29
4	7	.13
5	6	.11
6	1	.02

(N = 56)

Correlations Between Process Variables

The sample can also be described by examining the relationship between the process variables. Both the Working Alliance Inventory (WAI) and the Experiencing Scale (EXP) are instruments designed to measure processes of therapy that correlate with change. Specifically, the WAI is a measure of the therapeutic relationship between the therapist and the client; the EXP is a measure of the emotional level of the linguistic content of the client's verbalizations. Both of these instruments measure processes that are thought to fluctuate throughout and across therapy sessions. As instruments designed to measure processes that are hypothesized to be individually linked to positive change in therapy, high scores on each measure would be correlated according to counseling theory. For this investigation, both measures were used to better understand the influences of figurative language on their targeted therapy processes.

To examine correlation of these measures, Pearson r correlations were calculated and are presented in Table 16. As can be seen in Table 16, there are several correlations that reached statistical significance at both the .01 and .05 alpha levels. R squared, a measure of effect size, ranged from .01 to .589. R squared can be interpreted as a percentage of one variable accounting for or explaining the variability in another variable. Two variables having r = .1 and R squared equal .01, means that each variable explains approximately 1 % of the variability of the other. This is considered a small effect size. On the other hand, the larger the R squared, the more variability is explained. Using the Pearson r correlations and subsequent R squared values, there appears to be two general clusters of variables that are highly correlated among each other.

The first cluster of highly intercorrelated variables consists of the three variables comprising the WAI. In this study, each of those variables is highly correlated to each of the other WAI variables. This corresponds to past research findings in which the WAI scales have been intercorrelated (Horvath, 1991). It suggests that there is some degree of overlap in measurement between the scales, or that the scales are loading on the same underlying concept. Examination of the R squared values for each of the three intercorrelated WAI scales, suggests that the amount of variance explained between any two of the scales ranged from .19 to.58, indicating that from 20 % to almost 60% of variance of one scale was explained by variance in the corresponding scale. This is not surprising given that that the development of each of the scales of the instrument was based on similar theoretical underpinnings. The high intercorrelation suggests that it might be possible to examine the scales together, rather than separately. It also suggests that the WAI scales are conceptually linked.

The second cluster of correlations that can be grouped together are associated with Exp Change variable. Exp Change, a measure of the count of Exp level changes per excerpt is likely to have a limited range of possible scores given that each excerpt is two-minutes in length and one would expect a normal distribution.

Table 16

Pearson Correlation Matrix for Dependent Variables

Scale	1	2	3	4	5	6
1. WAI-Task	1.0					
2. WAI-Bond	.525**	1.0				
3. WAI-Goal	.768**	.471**	1.0			
4. Exp Change	-.285*	-.135	-.305*	1.0		
5. Exp Mode	.065	.113	.165	.106	1.0	
6. Exp Peak	.091	.243	.180	.356**	.1	1.0

N = 56; ** Correlation is significant at the .01 level; * Correlation is significant at the .05 level.

Research Question One

The first question posed in this investigation was: To what degree are the different figures of speech used in the therapy of experts as indicated by therapy training tapes? Are those figures of speech mostly novel or frozen? How frequently are those figures of speech conceptually shared by both members of the therapy dyad?

For this investigation, figurative language was coded according to the Barlow, Kerlin, and Pollio (1970) manual, supplying a code for one of fourteen types of figures of speech, along with a judgment of whether a particular figure of speech was novel or frozen. In addition, the judges were trained to identify underlying conceptual themes and

determine if particular figures of speech share their underlying meaning with figures of speech previously uttered by the other member of the therapy dyad. Descriptive statistics were calculated focusing on the aforementioned fourteen categories of figures of speech, the novel vs. frozen variable, and conjunctive vs. disjunctive variable. Those results provide a breakdown of the categories of figurative language used by the expert therapists. As research question one has three distinct foci, three corresponding sections follow: Figures of Speech Used by Therapists, Novel vs. Frozen, and Conjunctive vs. Disjunctive.

Figures of Speech Used by Expert Therapists

Descriptive statistics were calculated to determine the number and percentage of figures of speech that were used by the therapists. Table 17 shows that 306 of the 611 figures of speech found in the data were spoken the therapists while 305 figures of speech were uttered by the clients.

Table 17

Number of Figures of Speech Uttered by Therapists and Clients

Speaker	Number	Percent of Total
Therapist	306	50
Client	305	50

(N = 611) Represents all occurrences using all excerpts.

Table 18 below shows the breakdown of the type of figure of speech uttered by the therapists. Therapists did not use five of the types of figures of speech: oxymoron, litotes, apostrophe, anthimeria, and onomatopoeia. It should be noted that the last three of those types of figures of speech were not used by any of the clients either. Of the figures of speech used by therapists, 94.1% were judged to be metaphor. Hyperbole was found 2% of the time and simile 1.3%.

Table 18

Frequency of Figure of Speech Used by All Therapists

Type	Frequency	Percent
Metaphor	288	94.1
Simile	4	1.3
Personification	1	.3
Metonymy	1	.3
Periphrasis	1	.3
Pun	1	.3
Hyperbole	6	2.0
Irony	2	.7
Rhetorical Question	2	.7

(N = 306) Represents all occurrences using all excerpts.

The question of which expert therapist used what type of figure of speech and how often was also examined. Descriptive statistics were calculated to determine the number and frequency of each kind of figure of speech used by each of the seven expert therapists. Table 19 presents those results. Again, the most commonly used figure of speech used by all of the therapists was found to be metaphor. Hyperbole and simile were the next two most found figures of speech. Lazurus uttered 9 out of 10 of those two figures of speech. Strupp was the only therapist that was not found to use figurative language. Of the therapists who were found to use figures of speech, the percentage of metaphor to overall figure of speech used ranged from Meichenbaum with 36 figures (100%) to Lazurus with 87 (88%).

Table 19

Frequency of Figurative Language Type by Specific Expert Therapist

	Expert Therapists					
Type	Rogers	Perls	Lazurus	Shostrum	Meichenbaum	Beck
Metaphor	42	43	87	35	36	45
Simile	1	0	3	0	0	0
Personification	0	0	1	0	0	0
Metonymy	0	0	1	0	0	0
Periphrasis	0	1	0	0	0	0
Pun	0	0	0	1	0	0
Hyperbole	0	0	6	0	0	0
Irony	0	0	1	0	0	1
Rhet. Question	0	1	0	1	0	0
Total	43	45	99	37	36	46

(N=306) None of Strupp's phrases were judged to be figures of speech.

In order to provide a comparison to figures of speech used by therapists, descriptive statistics were also calculated to determine the frequency distribution for figures of speech uttered by the clients (Table 20). The figurative language that clients uttered consisted of all but five types of figures of speech: periphrasis, irony, apostrophe, anthimeria, and onomatopoeia. Again, the last three types listed above were not found to be uttered by either therapists or clients. It was found that out of the 305 total figures of speech uttered by the clients, 277 (90.8%) were judged to be metaphor with simile, hyperbole, and metonymy occurring 9 (3%), 8 (2.6%), and 3 (1%), respectively.

Table 20

Frequency of Figure of Speech Used by All Clients

Type	Frequency	Percent
Metaphor	277	90.8
Simile	9	3.0
Oxymoron	1	.3
Personification	1	.7
Metonymy	1	1.0
Pun	1	.7
Hyperbole	6	2.6
Litotes	2	.3
Rhetorical Question	2	.7

(N = 305)

In order to examine in detail the ratio of specific figures of speech for therapy dyads, each expert therapist with his or her client, the breakdown of the specific figures of speech uttered by their clients is presented in Table 21. The judges found that clients used mostly metaphor with simile and hyperbole the second and third most used figure of speech. The percentage of metaphor to total figure of speech used by client ranged from 84 and 42 (both 95%) by Roger's and Shostrum's clients respectively to 12 (80%) for Strupp's client.

Table 21

Frequency of Figures of Speech Used by Each Therapists' Client

	Therapy Conducted by						
Type	Rogers	Perls	Lazurus	Shostrum	Meichenbaum	Beck	Strupp
Metaphor	84	28	46	42	42	23	12
Simile	1	1	1	1	4	1	0
Oxymoron	0	0	0	1	0	0	0
Personification	0	0	0	0	1	1	0
Metonymy	2	0	0	0	0	1	0
Pun	0	0	0	0	2	0	0
Hyperbole	0	1	1	0	3	1	2
Litotes	0	0	0	0	0	0	1
Rhet. Question	1	0	1	0	0	0	0
Total	88	30	49	44	52	27	15

(N=305)

Another point from which to examine what type of figure of speech therapists use is to study in greater detail the figure of speech more prevalent in the data. Table 22 below presents the frequency of metaphor use for both the expert therapist and his corresponding client. From this data, it can be seen that percentage of metaphor use was high for both therapist and client. In addition, it can be seen that Perls, Lazurus, and Beck all used more figures of speech than did their clients. In contrast, the clients of Rogers, Shostrum, Meichenbaum, and Strupp all used a larger number of figures of speech than did their respective expert therapists. Roger's client used almost twice as many figures of speech as did Rogers.

Table 22

Ratio of Metaphors to Total Figures of Speech Used by Therapy Dyads

Dyads	Ratio	Percentage of Total
Rogers	42:43	.9767
Rogers' Client	84:88	.9545
Perls	43:45	.9555
Perls' Client	28:30	.9333
Lazarus	87:99	.8787
Lazarus Client	46:49	.9387
Shostrum	35:37	.9459
Shostrum's Client	42:44	.9545
Meichenbaum	36:36	1
Meichenbaum's Client	42:55	.8076
Beck	45:46	.9782

Table 22 Continued

Beck's Client	23:27	.8518
Strupp	0:0	0
Strupp's Client	12:15	.80

Novelty

Descriptive statistics were calculated to determine the frequency of novel and frozen figures of speech used by the expert therapists. From Table 5 in the previous section, it was shown that of the 611 figures of speech uttered in the sample, 581 were judged to be frozen and 30 to be novel. Table 23 below presents the frequency of use of novel and frozen figures of speech by only the expert therapists. It can be seen from that table that of the 306 figures of speech uttered by the experts as a whole, 287 were judged to be frozen and 19 to be novel.

Table 23

Frequency of Novel vs. Frozen Figurative Language by Therapists

Type of FL	Frequency	Percent
Novel	19	6.2
Frozen	287	93.7
Total	306	100

Descriptive statistics were calculated to determine the frequency of novel and frozen figures of speech used by specific therapists. As with the entire sample, the majority of figures of speech uttered by the therapists were frozen. The range of figures that were novel spanned from as few as zero to as many as six. Frozen figures of speech ranged from as few as 34 to as many as 94. Table 24 below present the breakdown of novel and frozen figures of speech uttered by specific expert therapists.

Table 24

Frequency of Novel and Frozen Figurative Language by Specific Therapist

Expert Therapist	Type of Figurative Language: Novel	%	Frozen	%	Total
Rogers	3	6	40	93	43
Perls	6	13	39	86	45
Lazarus	5	5	94	94	99
Shostrum	3	8	34	91	37
Meichenbaum	2	5	34	94	36
Beck	0	0	46	100	46

(N = 306)

In order to provide a comparison from which to view the information provided above, descriptive statistics were calculated to determine the frequency of novel and frozen figures of speech spoken by the clients. Table 25 below presents the breakdown of novel vs. frozen figures of speech uttered by the clients across the entire sample. From this table it can be seen that of the 305 figures of speech used by the clients throughout their therapy sessions, 294 of those were judged to be frozen and 11 were judged to be novel.

When visually comparing the rate of use of novel figures of speech by therapists and clients, therapists use almost twice as many novel figures of speech. To determine if that difference was statistically significant, a Chi Square test was used (Appendix F).

Statistical significance was not met for differences between therapist and client use of novel figurative language (Clients: 11 novel and 294 frozen; Therapists: 19 novel and 287 frozen; χ^2 (1, N=611) = 2.21 or 1.69 with Continuity Correction, ns,).

Table 25

Frequency of Novel vs. Frozen Figurative Language by Clients

Type of FL	Frequency	Percent
Novel	11	3.6
Frozen	294	96.3
Total	305	100

To examine the distribution of the novel vs. frozen variable further, statistics were calculated to determine the frequency of novel and frozen figure of speech use by each of the clients. As the clients are only tracked according to their corresponding therapist, this information is grouped according to the therapists who conducted the therapy. Table 26 below presents that distribution.

Table 26

Frequency of Novel and Frozen Figurative Language by Specific Clients

	Clients' Type of Figurative Language				
Conducted by Therapist	Novel	%	Frozen	%	Total
Rogers	2	2	86	97	88
Perls	2	6	28	93	30
Lazarus	1	2	48	97	49
Shostrum	1	2	43	97	44
Meichenbaum	3	5	49	94	52
Beck	2	7	25	92	27
Strupp	0	0	15	100	15

(N = 305)

Conjunctive

Descriptive statistics were calculated to determine the number and percentage of figures of speech that were conceptually related to previously spoken figures of speech by the other member of the therapeutic dyad (conjunctive). Of the 611 figures of speech found in the data, 81 figures of speech were judged to be conceptually related to other figures of speech within the same excerpt (conjunctive) and 530 were judged to not be conceptually related (disjunctive). Of the 56 excerpts, 32 were judged to be excerpts containing shared figurative language and 24 were judged to not have shared figurative language.

To examine use of conjunctive figures of speech by the specific therapists, further descriptive statistics were calculated. Table 27 below illustrates the breakdown of conjunctive and disjunctive figures of speech for all the therapists combined. Of the 306 figures spoken by therapists, 244 were judged to be disjunctive, or not conceptually related to figures previously spoken by their client and 62 were judged to be conceptually related.

Table 27

Frequency of Conjunctive and Disjunctive Figurative Language by Therapists

Type of FL	Frequency	Percent
Conjunctive	62	20.3
Disjunctive	244	79.7
Total	306	100

To further examine the therapists' use of conjunctive or shared figurative language, additional descriptive statistics were calculated to find out the frequency of conjunctive figurative language use for each of the expert therapists specifically. Table 28 below presents those results.

Table 28

Frequency of Conjunctive and Disjunctive Figurative Language by Specific Therapists

	Type of Figurative Language				
Conducted by Therapist	Conjunctive	%	Disjunctive	%	Total
Rogers	4	9	39	90	43
Perls	19	42	26	57	45
Lazarus	17	17	82	82	99
Shostrum	4	10	33	89	37
Meichenbaum	9	25	27	75	36
Beck	9	19	37	80	46
Strupp	0	0	0	0	0

(N = 305)

In order to provide a comparison, descriptive statistics were calculated to determine the use of shared figurative language by the clients. Table 29 below provides a count of the number of figures uttered by the clients in the entire sample that were judged to be either conjunctive or disjunctive. From this table it can be seen that 93.8% of the figures of speech uttered by clients were conceptually unique and not related to the therapist-used utterances in their respective 2-minute excerpts.

Table 29

Frequency of Conjunctive and Disjunctive Figurative Language by Clients

Type of FL	Frequency	Percent
Conjunctive	19	6.2
Disjunctive	286	93.8
Total	305	100

When visually comparing the rate of use of conjunctive figures of speech by therapists and clients, therapists appear to use more instances of conjunctive or shared figurative language. To determine if that difference was statistically significant, a Chi Square test was used (Appendix F). Statistical significance was met for differences between therapist and client use of conjunctive figurative language (Clients: 19 conjunctive and 286 disjunctive; Therapists: 62 conjunctive and 244 disjunctive; χ^2 (1, N=611) = 26.154 or 24.948 with Continuity Correction, both statistically significant). The results of this statistic indicate that therapists and clients used conjunctive language at a different frequency or rate of occurrence from one another.

Research Question Two

The second research question posed in this study was: How does using figures of speech that share an underlying conceptual meaning relate to the subsequent ratings of the therapeutic bond and experiencing?

To shed light on this question, a multiple regression statistic was calculated. The conjunctive vs. disjunctive variable measuring conjunctive language for each excerpt *[1] was used for the independent variable. Thus, instead of the 611 instances of individual figures of speech, the variable used here corresponds to the total number of the excerpts, 56. The WAI Bond Scale and the EXP Modal and Peak scores for each excerpt were used as the dependent variables. There were also 56 instances of each of these variables. The conjunctive vs. disjunctive ratings were found to have a .19 correlation with the Bond scale of the WAI and to be negatively correlated to both the Modal and Peak scales of the Exp.

Box's Test of Equality of Covariance Matrices was conducted and was not statistically significant (Box's M = 2.724, F = .426, p = .862) indicating that the covariance matrices were not different for the dependent variables. Table 30 below presents the results of the multiple regression calculation. Statistical significance was not reached at the .05 level (F = .882, p = .456).

Tables 30 and 31 present the results of the regression analysis. The results of that analysis were not statistically significant. Consequently, no further analyses were conducted.

[1] Each excerpt was coded as conjunctive if it contained one or more figures of speech rated as conjunctive.

Table 30

Multivariate Regression Statistics

	Value	F	(df)	Significance	Eta Squared	Power
Pillai's Trace	.048	.882	3	.456	.048	.229
Wilks' Lambda	.952	.882	3	.456	.048	.229
Hotelling's Trace	.051	.882	3	.456	.048	.229
Roy's Largest Root	.051	.882	3	.456	.048	.229
(N = 56, alpha = .05)						

Table 31

Between Subject Effects of Conjunctive Figures of Speech on Process Variables

Model	SS	(df)	MS	F	Significance
Regression	131.26	1	131.26	2.1	.153
Residual	3365.72	54	62.33		
Total	3496.98	55			

(N = 56)

CHAPTER V

CONCLUSIONS AND DISCUSSION

In this chapter, the results of this study will be summarized and discussed. First, a summary of the results for each research question, along with possible explanations, will be provided. Next, a discussion of the validity of the data will be outlined. The third section will outline limitations of the study and a fourth section will provide implications and suggestions for future research. Finally, this chapter will conclude with a summary of the previous sections.

Summary of Results for the Research Questions

The purpose of this section of the chapter is to discuss the results of the statistical analyses conducted in order to answer the stated research questions. In addition, supportive and contradictory evidence for the stated hypothesis will be discussed. As such, it is divided into two subsections, each respectively corresponding to the two research questions with a discussion of the hypothesis subsumed within the discussion of the second research question.

Research Question One

The first general question posed in this investigation was stated as: To what degree are the different figures of speech used in the therapy of experts as indicated by therapy training tapes? Are those figures of speech mostly novel or frozen? How frequently are those figures of speech conceptually shared by both members of the therapy dyad?

Type of Figure of Speech

Type of figure of speech was measured using the ratings of the figurative language judges. As a whole, they found 611 figures of speech, 306 of which were spoken by the therapists with the other 305 were spoken by the clients. Each instance of figurative language was coded as belonging to one of 14 different types of figures of speech (see Appendix B). The approach taken in attempting to answer the questions regarding type of figure of speech used by expert therapists was to calculate descriptive analyses of those variables. In order to adequately interpret the distribution of the variables with regard to expert therapists, it was also necessary to find out how the variables were distributed across the sample as a whole, among the therapy dyads, and with regard to each the therapists and clients separately. As such, there are separate findings relating to each of the before-mentioned layers and consequently each are outlined and discussed separately in the following sections.

Entire Sample. With regard to the types of figurative language used in the entire sample, there were two findings. First, most figures of speech produced in the therapy sessions were *metaphors*, with *hyperbole* and *simile* being the second and third most used type of figure of speech for the overall sample. Second, neither therapists nor clients used three types of figures of speech: *apostrophe*, *anthimeria*, and *onomatopoeia*. Each of those findings will be discussed below.

The first finding was that the majority (565/611 or 92.5 %) of figurative language for the entire sample was coded as *metaphor*. S*imile* and *hyperbole*, both having around 14 counts over the 56 excerpts, represented approximately only two percent of overall

figures respectively. This lends support to previous research findings that metaphor is common in therapy (Angus & Rennie, 1988, 1989). It can be interpreted as suggesting that figurative language in therapy is primarily metaphoric. According to the definition used for identifying the various types of figurative language (Appendix B), a *metaphor* is a direct comparison of two things. Based on that definition as well as the definition of a *simile*, which is an explicit comparison, by far the majority of occurrences of figurative language in therapy functions for the purpose of comparing two things. Additionally, given that metaphors dominate the majority of figurative language, future studies can be streamlined by focusing solely on metaphors rather than exhaustively including other rarely used figures of speech.

The second finding was that three kinds of figures of speech were not exhibited for any of the therapy dyads: *apostrophe*, *anthimeria*, and *onomatopoeia*. This also can be interpreted by examination of the function of those figures of speech (Appendix B). Conceptually, *anthimeria* and *onomatopoeia* both serve as puns or play-on-words. *Apostrophe*, in contrast, is a type of personification when the object or person is not present. All three of these types of figures of speech intuitively manifest rarely in spoken language. Further, when comparing the function of *metaphor*, *simile*, and even *hyperbole* to the functions for *apostrophe*, *anthimeria*, and *onomatopoeia*, presumably, making comparisons, or highlighting a relationship is a more common linguistic task than making a pun or a play-on-words. This probably explains the reason why the latter were not used in the therapy sessions.

Therapy Dyads. With regard to type of figure of speech used among the therapy dyads, there were two findings. First, it was found that each dyad produced metaphor more frequently than other types of figures of speech. It was also found that all the therapy dyads had a similar proportion of metaphor to overall figure of speech produced.

The finding that each therapy dyad produced metaphor more frequently than other types of figures of speech can be interpreted as additional support for the argument that figurative language in therapy is primarily metaphoric. However, this finding is not surprising given that metaphor occurred at a higher rate of production across the entire sample.

The finding that across the entire sample the therapy dyads all appeared to use a similar proportion of metaphors to overall figurative language (Table 4) can be interpreted as further evidence that the figurative language used in therapy is primarily metaphoric. In addition, it suggests that the phenomenon of using metaphoric figures of speech, despite any possible idiosyncratic differences among therapists, clients, and even among therapy dyads, does not seem to alter the proportion of metaphors used in therapy. Percentage of metaphor to total figures of speech used for any particular therapy dyad was similar to the percentage of metaphors to all figures of speech for the entire sample. Across the therapy dyads, the proportion of *metaphors* to overall figures of speech ranged from as low as 80 percent for Dr. Strupp's therapy dyad to as high as 96 percent for the Roger's therapy dyad. This finding is congruent with results of past research demonstrating that metaphor is not only highly used, but also represents a higher proportion of figures of speech used when compared to other figures of speech

(Pollio, Barlow, et al., 1977). These results are important because by being similar to findings in previous research, they provide evidence for the accuracy of the sampling procedures as well as for the representativeness of this study's data. Additionally, these findings also support the conclusion that future studies may be streamlined by primarily focusing on the examination of *metaphors*, or possibly *metaphors*, *similes*, and *hyperboles*.

Therapists. When examining only the therapists, it was found that the majority of the type of figure of speech produced by therapists was *metaphor*, with *hyperbole* and *simile* being the second and third most frequently used. It was also found that therapists did not use two additional types of figures of speech: they did not use *oxymoron* and *litotes*.

The first finding, that therapists used *metaphor* more often can be interpreted as further support that the figurative language primarily used in therapy is metaphoric. As such, a consequence of this finding is that future research examining figurative language in therapy could be streamlined by focusing on metaphors, or possibly *metaphors*, *similes*, and *hyperboles*.

Additionally, another interpretation based on the premise that a new understanding is potentially gained when two things are compared is that a byproduct of the use of metaphor and simile, both types of figurative language defined as comparisons, is therapeutic insight. This interpretation is fundamentally based on the definition of metaphor serving the function of helping the speaker or reader to articulate a new concept by the comparison of two known concepts or things. On the other hand,

hyperbole was defined as an exaggeration to linguistically highlight a point, relationship, or characteristic and requires prior knowledge by the hearer or reader in order to understand its meaning (Barlow et al, 1970). No references in the literature were made to *hyperbole* in particular, but the process of being able to highlight a known relationship was proposed as one positive function for figurative language in therapy (Brooks, 1985; Caruth & Ekstein, 1966).

The second finding, that therapists did not use *oxymoron* and *litotes* in their speech, also may be interpreted by examining their definitions or the conceptual (Barlow et al., 1970) frames in which they are grouped (see Appendix B). According to the figurative language manual used in this study (Barlow et al., 1970), an *oxymoron* is made up of two contradictory meanings that are juxtaposed or combined for the effect of doing so. *Litotes*, in contrast, are defined as an understatement of something that the reader or hearer is aware of for the purpose of highlighting a point or relationship. These figures of speech are not conceptually grouped together according to the manual. In fact, according to the manual, *oxymoron* is a type of comparison and is grouped along with *metaphor* and *simile*. If some insight is manifested via figurative language, specifically through comparisons as with metaphor and simile, then it seems that oxymoron would also be found in the language of therapy.

Clients. With regard to client production of the various types of figures of speech, it was also found that clients produced more metaphor than other types of figures of speech. In addition to also using a small number of *hyperboles* and *similes*, they were

found to also use a few examples of *metonymy*. Clients were also not found to use *periphrasis* and *irony*.

The finding that clients used primarily *metaphor*, but also used *hyperbole* and *simile* can be interpreted as indicating that language in general, not just language spoken by therapists, may be primarily metaphoric and may contain similar proportions of figurative language to the ones found in this study's data. Future research studies should be undertaken to determine if that interpretation is accurate.

The finding that therapists did not use *periphrasis* and *irony* also can be interpreted by examining their functions. *Periphrasis*, according to the training manual, is a substitution of a proper name for a quality that is often associated with that person or thing. *Irony*, in contrast, is a figure of speech in which opposite words are used in a manner that conveys the original meaning. Based on those definitions, neither of these functions appears contradictory to the general purpose of client's spoken language, to discuss his or her problems.

In examining the experts with regard to their respective use of the fourteen types of figures of speech, it was found that each therapist mirrored the findings of the sample as a whole. That is, they used *metaphor* to a greater extent and at a higher proportion to the other figures of speech. Similarly, this finding was generally found with clients as well. Again, both with therapists and clients individually, the second and third most used figures of speech were *hyperbole* and *simile,* respectively. These findings, taken as a whole, suggest that if training therapists to be aware of and purposefully follow figurative language in their therapy sessions, then that training should have two goals.

First, it should be geared toward helping the therapists in training to recognize the three most common types of figures found in therapy sessions and second, to understand both *metaphor* and *simile* as possible opportunities for initiating or processing new understanding and *hyperbole* as a possible opportunity to focus on and discuss a known relationship that is being highlighted.

The results of this research can be interpreted as supporting the position that research may be simplified by only examining the types of figures of speech that more commonly occur, such as *metaphor*, *simile*, and *hyperbole* (McMullen, 1985; Cameron, 1999). It is important to note that streamlining research in this manner would also fit with more recent research paradigms for examining the effects of figurative language in therapy (Cameron, 1999). One way of streamlining such research would be by expanding the operationalized definitions of *metaphor*, *simile*, and *hyperbole* or by making research specifically focused on only those types of figures. A broad definition would include any of the types of figure of speech examined in this research study and would define them all as most likely being "metaphoric."

Novel vs. Frozen

As with the approach taken in answering what types of figure of speech therapists use, determining whether those figures are mostly novel or frozen was undertaken via calculation of descriptive statistics. The nature of figures of speech, because they are both created new and are reused, provides a characteristic that can be utilized to describe any specific instance of figurative language or excerpt of language. In the past, clinicians and researchers have theorized that this characteristic is

meaningful, specifically that novel figures of speech represent instances when the speaker or writer is generating a new concept, understanding, or relationship (McMullen, 1989, 1996). With regard to therapy, this process has been compared to the process of developing insight (Angus, 1992; Lenrow, 1966; Voth, 1970; Fine et al., 1973) and has been theorized as corresponding to clinically significant moments in therapy (Angus & Rennie, 1989; McMullen, 1996).

Before summing up the findings, it is important to review what factors make a figure of speech novel or frozen. In brief, a figure of speech was defined as one that is frozen when the hearer or listener, previously knew it, or its premise. On the other hand, if a figure of speech was based on a new association, concept, or relationship, and one that the coders believed was not in common usage, then it was rated as being novel. The following paragraphs will outline the results and possible interpretations for the occurrence of novel vs. frozen figures of speech across the entire sample, among the therapy dyads, and specifically by the therapists and the clients.

Entire Sample. In this study, it was found that the majority of figures of speech across the entire sample were judged to be frozen figures of speech (Table 5). That is, they were figures of speech that the raters were familiar with and consequently judged that the majority of English speakers would readily understand, and have most likely used and/or heard before. Because novel instances of figurative language were thought to be more meaningful (McMullen, 1989, 1996) this discussion will focus on the frequency and proportion of those figures judged to be novel.

Specifically, it was found that only 4.9 percent of the figures of speech were coded as novel instances (Table 5). That finding is similar to approximations found in past research studies (Pollio & Barlow, 1975; McMullen & Conway, 1994). As such, this study lends support to previous research findings with regard to percent of novel figures produced in therapy. This is important because it helps to establish an expected base level of production from which to establish that data is most likely accurate and to test hypotheses relating to how therapy processes are affected and effect novel figurative language production. This is also important from the framework of previous hypotheses suggesting that instances of novel figures of speech represent clinical insight or growth in therapy by suggesting that if therapy sessions contained greater than five percent of novel figurative language, then possibly more clinical insight was gained or at least more attempts to gain insight were undertaken during that session.

Future studies might compare sessions containing high and low levels of novel figurative speech with regard to insight. One possible interpretation is that the language used in therapy mirrors language in general. If this interpretation is correct, then one consequence of this finding would be the establishment of a reason to discontinue the historic practice of including this variable in research on figurative language. However, just because the frequency of novel figurative language is similar does not mean that novel figurative language functions in the same manner in both language in general and the therapy session.

Therapy Dyad. Percent of novel figures of speech uttered by either the therapist or client ranged from a high of 11 % to a low of zero percent. Although previous studies

have reported rates of novel and frozen figures of speech for specific therapy dyads, this study also reported percent comparisons between different therapy dyads. As such, interpretation is difficult due to not having any gauge from which to evaluate this data. However, if the formerly stated hypothesis regarding novel figures of speech being clinically significant moments in therapy is accurate, then the data outlined above would suggest that almost 5% of the figures of speech corresponded with clinically significant moments. Future researchers can use the percentages found to lend support for their data being similar to the data used in this study.

Dr. Perls' high number of novel figures (11%) when compared to the other therapists'use of novel figures is important because it suggests that there may be individual differences in the novelty of figures produced by expert therapists. Clinicians such as Siegelman (1990) and researchers (McMullen, 1985, 1989; Pollio & Barlow, 1975) have suggested, based upon both clinical impressions and research findings, that the issue of whether figures of speech are novel is therapeutically important. In short, the argument that novelty of figure of speech is important rests on the assumption that new associations or a new understanding, something akin to therapeutic insight, is one of the requirements for therapeutic change. Given this argument, the findings that Dr. Perls had a large percentage of novel figures of speech suggests that he may be providing therapeutic insight in the form of a figure of speech, in a sense, offering his interpretation in a indirect manner. Future research should be undertaken to examine this possibility. This possibility of varied individual differences among therapists seems intuitively possible and warrants further investigation.

Another interpretation of differences in production of novel figures of speech among the therapists is that it corresponds to their theoretical style of therapy. If that were the case, then you would expect to find a relationship between theoretical framework and subsequent amounts of novel figures of speech produced in therapy. Unfortunately, due to the small number of clinicians used in this study (each representing a different framework of therapy), an examination of differences between therapists might produce misleading results due to the effects of individual differences. To examine the possibility of differential production of novel figures of speech due to effects of theoretical framework, future research should have a larger sampling of therapists representing several different theoretical frameworks.

The finding from this study that expert therapist dyads can produce such a wide range of percentages of novel figures suggests that individual differences may play a larger than previously suspected role in determining production of novel figures of speech. For example, it is possible that Dr. Perls, having 11% of the novel figures of speech found in his therapy excerpts (produced by both he and his clients) (Table 6) and 13% percent of the novel figures of speech produced by therapists overall (Table 22), may have been creating new figures of speech rather than using those figures of speech that are already commonly used. If this sample can be generalized with regard to having a wide range (0 to 11 percent use of novel figures of speech by therapists), then it may also explain the lack of definitive findings relating to this variable and its clinical importance.

Comparison of Therapists and Clients. The examination of therapist use of novel figures of speech revealed that 6.2 percent of therapist uttered figures were judged to be novel (Table 21). This percentage is almost twice that of the novel figures of speech uttered by clients, which was found to represent only 3.6 percent of client uttered figures of speech (Table 23). A Chi square statistic was calculated to test for statistical significance of this observed difference and was not found statistically significant, indicating that this observed difference might be due to chance.

Clinical significance is another way of determining if an observed difference should be considered meaningful. Even though the Chi square results were not statistically significant, is also is important to consider whether the difference is meaningful with regard to clinical significance. Generally, a meaningful difference with regard to clinical impact is based on anticipated changes/differences born out from previous research or, at least, practical application as in grade changes from C to B. With respect to whether this observed difference is clinically meaningful, no past research findings appear to offer a clear indication. At first glance it may appear that double the percentage of use is meaningful. However, without past research findings to use as a guide, clinical significance of this finding cannot be ruled out or ruled in.

It is important to explore possible explanations of this observed difference in order to determine if future research efforts should be undertaken to further examine it. That is, if it can be easily explained, then it should not be made a priority in future investigations. One explanation for the finding of an observed difference between the therapist and clients' use of novel figures of speech is that it is a fluke difference created

by the nuances of the sample. This possible explanation should be considered and reconsidered prior to conducting future investigations. However, based on the data used in the study, there is no indication that this has happened. Another explanation is that expert therapists might actually provide their clients with insight-oriented guidance via figurative language. This possible explanation appears intuitively sound, as one would expect therapists to offer interpretations indirectly as well as directly. However, this possible explanation is slightly different to past theoretical hypotheses that have suggested that clients might use novel figures due to the fact that they are actively processing and searching for new understanding (Barker, 1985; McMullen, 1989, 1996; Siegelman, 1990). They proposed that clients, while in the process of therapy, generate their own novel figures of speech. Future research efforts focused on examining this observation further appear warranted.

This possible difference is also interesting because it might represent a difference between expert therapists and the average therapists per se, from whose therapy has been sampled in previous research. Further investigation of this observed difference might be an important area of future research because it would examine more of the question of "how" experts and non-experts use figurative language.

Conjunctive vs. Disjunctive. The figurative language judges identified conjunctive or disjunctive speech. When a figure of speech was identified as being figurative, it was then compared to previously uttered figures of speech and was rated either as conjunctive, which meant that it was conceptually similar to other figures of speech, or disjunctive, which meant that it was not related or conceptually similar to the

figures of speech uttered by the other member of the therapy dyad. The comparison of conjunctive vs. disjunctive figurative language over the entire sample revealed that 86.7 percent of the figures were disjunctive (Table 7). Essentially, 86.7 percent of the figurative language spoken was not conceptually related to the figurative language produced earlier in an excerpt by the other member of the therapy dyad. If 86.7 percent was not conceptually related, then it means that the remaining 13.3 percent was related.

The conjunctive variable was designed to measure linguistic agreement between the therapy dyad. Linguistic agreement between the therapy dyad has been theorized to be more therapeutic when figures of speech used by the therapist and the client are conceptually related or conjunctive (Angus & Rennie, 1988, 1989; McMullen, 1996). Given this, 13.3 percent of the figures of speech in this study might have represented instances in the session that were clinically noteworthy. No past research findings provide a comparison from which to directly analyze this study's findings with regard to percent use of disjunctive and conjunctive figures of speech. That is, until now there has not been a research study that has provided overall percent use for conjunctive and disjunctive figures of speech in therapy, let alone expert therapy.

Rating each excerpt, rather than each figure of speech, as being primarily conjunctive or disjunctive, provided another level of examining the conjunctive and disjunctive nature of the data. If any of the two-minute excerpts consisted of one or more instances of conjunctive figures of speech, then the entire excerpt was rated as being conjunctive. It was assumed that due to the brief nature of two minutes that the potential effect of having conjunctive language present would be strong. When the fifty-six

excerpts were recoded as either being conjunctive or disjunctive, 42.9 percent were found to be disjunctive (Table 8). Across the fifty-six excerpts derived from therapy sessions conducted by the seven experts, Dr. Perls and Dr. Beck's excerpts appear to have a larger proportion of conjunctive to disjunctive figures with the excerpts from the other experts appearing relatively balanced with regard to this feature (Table 9).

The larger proportion of conjunctive to disjunctive figures of speech of Drs. Perls and Beck may have multiple implications. A test of the statistical significance of this observed difference was not conducted, thus, interpretation should be limited and focused on implications for future studies. Future studies could test the possibility that some experts, such as Drs. Perls and Beck, generally join with their clients more throughout therapy, and thus they might produce more instances of conjunctive figures of speech. Further, studies could examine the possibility that the sessions conducted by experts such as Drs. Perls and Beck may be due to idiosyncratic differences in their respective linguistic styles. It is also possible that their particular therapy styles contribute to their higher proportion of conjunctive to disjunctive figures of speech. However, because the other five experts were found to have similar proportions, the similarity might suggest that expert therapists in general tend to use shared meanings, such as in figures of speech coded as conjunctive, at relatively the same frequency. Given the exploratory nature of this finding and that no other studies have provided findings with which to draw comparisons, interpretation is difficult and should be cautioned.

With regard to shared figurative discourse in therapy, it was found that across this entire sample, the majority of the figures of speech uttered by both the therapists and the clients were not conceptually related, or conjunctive (Table 7). Specifically, only 13.2 percent of the figures were judged to be conceptually related for both therapists and clients combined. When examining the percentage of figures uttered by therapists that were judged to be conceptually related to figures of speech spoken by their respective clients (per two minute excerpt), 20.3 percent (Table 25) of therapist uttered figures of speech were judged to be conjunctive. An interesting contrast is that only 6.2 percent of client uttered figures of speech were judged to be conjunctive, or share underlying meanings with, their respective therapist uttered figures of speech (Table 27). The Chi square calculated to test the relationship between the speaker and use of conjunctive figures of speech reached statistical significance (See Appendix F).

This statistically significant difference suggests that therapists and clients are doing different things linguistically with regard to figurative language use. One explanation for why therapists' figures of speech may be more conjunctive might be that it is an artifact of therapist training, specifically what is referred to as "Verbal Tracking" (Meir, 1989). "Verbal Tracking" pertains to therapists being trained to follow and explore meaningful themes and issues as clients bring them up in therapy. This finding might be best explained by stating that therapists repeat and sometimes clarify the topics that their clients have brought to the surface. Intuitively, if therapists are trained to track meaningful themes, then it is possible that therapists would use conjunctive figurative language along with "conjunctive" literal language.

Another interpretation is that this observed difference might be a manifestation of the unconscious or conscious efforts to join with their clients; in essence, then, the difference is empathy captured or measured by figurative meaning conjunction. Given this observation and its possible implications for better understanding therapy process, the issue of the proportion of conjunctive language to overall figures of speech used should be revisited and examined further. It seems that the difference between the clients and therapists with regard to use of conjunctive language signals that the use of conjunctive language is a therapeutic process that is not typically used in language.

Research Question Two

The second research question posed in this study was stated as: How does using figures of speech that share an underlying conceptual meaning relate to subsequent ratings of the therapeutic bond and experiencing? To answer this question, a regression was performed with excerpt level conjunctive vs. disjunctive ratings used as a predictor for Exp peak, Exp mode, and the Bond scale of the WAI.

Table 29 reports the results of the regression analysis used to investigate the second general research question. The results were not statistically significant ($F = 2.1$, $p = .153$). Adjusted R squared, a measurement of estimated effect size, was found to be .02 indicating that approximately 2 percent of variance in the WAI Bond Scale can be attributed to variance occurring in the conjunctive vs. disjunctive language variable. This effect size is difficult to interpret due to not having past research from which to gauge its size. That is, it may be a clinically large effect size or a small one, but without a reference point from which to compare or to have predicted, it cannot be interpreted.

However, it should be noted that this would be considered a small effect size when no comparison or gauge is available. As such, interpretation of the results should rest more on statistical significance.

There are a number of possible explanations for this non-statistically significant finding. First of all, the intuitively based hypothesis that conjunctive figurative language discourse is related to positive changes in the working alliance or therapeutic relationship may be incorrect. In this way, the clinicians that have historically touted the influential and dynamic therapeutic effects of shared figurative language on the therapy relationship might have been erroneously thinking that the world was flat due to observations of the horizon. In other words, they may have been observing some phenomenon and believing it to be indicative of a larger relationship when no relationship actually exists.

On the other hand, there may be an actual relationship between shared figurative language and subsequent changes in therapeutic bond, but it was not found in the data for this study. The risk of a Type II error points to the limitations of this study and its design as possibly contributing to decreasing the opportunity to find positive results. For example, those limitations may have manifested from such possible sources of bias caused by examining only experts, rather than including average or beginner therapists, and consequently having a range of scores on all of the variables. The existing data may have been influenced by a ceiling effect, thereby creating a restricted range and limited variance. This would decrease the chance of finding statistical significance. Future

research might examine non-experts in addition to experts for the purpose of alleviating this limitation.

Validity of the Data

When conducting research, describing the sample via the calculation of descriptive statistics is needed for a number of reasons. In general, the rationale for describing the sample is that doing so allows the researcher and readers of his or her study to identify the targeted population and understand limitations of the study with respect to generalization. More specifically, describing the sample allows the researcher to better identify particular characteristics of his or her sample that might undermine the results either by not allowing for inference to the population or by reducing the strength of the statistical calculations performed. Additionally, knowing such detailed information about the sample allows researchers to better understand comparisons between studies. Furthermore, that information can shed light on findings, at times providing an alternative explanation that might not have been otherwise identified if such details were not reported. In essence, examination of the data provides evidence as to whether or not it should be considered valid.

Examination of the data used in this study for the purpose of evaluating the validity of the data was undertaken by focusing on the characteristics of the excerpts that where used in the study. This included finding descriptive characteristics of the experts with regard to number of excerpts per session and per therapist. In addition, the number of figures of speech found in the data as a whole, across excerpts, and by therapists was examined.

Excerpts

The sample analyzed for this study consisted of the therapy excerpts that were assumed to be representative of expert therapy conducted by known clinical experts. It was important to be able to describe the therapy excerpts as they were argued to be representative of expert therapy conducted by known clinical experts. As such, the excerpts were first described by reviewing from what videos they were selected. In brief, fifty-six excerpts, taken from examples of therapy performed by seven well-known expert therapists were selected for investigation. The average number of excerpts taken from each of the therapist's training videos was eight with 64.3% of the excerpts being taken from three therapists and the remaining 35.7% of excerpts coming from the other four therapy sessions (Table 1).

When examining this distribution further, the therapists whose therapy sessions produced the least excerpts were Dr. Perls, Dr. Beck, and Dr. Strupp. These therapists used more in-therapy exercises than did the other therapists. This might explain the uneven distribution of excerpts that was found, as use of in-therapy exercises and role-playing appears to have created data that was very different from the majority of data used in the study. When in-therapy exercises and role-playing were performed in the sessions, the corresponding data had fewer words spoken per two-minute segment. One of the guidelines for using the Depth of Experiencing Scale suggested that each unit of therapy be similar in length and in word count. Using that guideline, the only criterion for not using dialogue taken from the example expert therapy sessions was when a two-minute excerpt of therapy had a significantly fewer number of words spoken. Using that

guideline, all of the therapists had some parts of their therapy sessions that were not used in the data for this study. However, it appears that some therapists had fewer usable two-minute excerpts. In hindsight, this criterion for data inclusion may have contributed to the uneven distribution of excerpts taken from the expert therapists. It might also indicate that the data used in this study, although generally representing expert therapy, may more specifically be representative of the four therapists whose therapy sessions produced the majority of excerpts. In future studies, efforts in obtaining more of an equally distributed data set should be undertaken, such as possibly making a correction for the number of excerpts per therapist, to avoid any possible complications.

Figurative Language Count

Figurative language counts were described so that a comparison of this study's sample, with respect to frequency of figurative language use in therapy and excerpts, could be made to previously published studies. Early investigations into the possible effects of figurative language in therapy tended to focus on the volume of figurative language used in therapy (Barlow & Pollio, 1975), suggesting that in more productive or successful cases of therapy, more figurative language was used. As methods for investigating figurative language have become more sophisticated, allowing for more complex questions to be asked, less and less emphasis has been placed on the number of figures of speech produced per session. However, examination of this feature of figurative language was necessary to aid in arguing that the two-minute long excerpts could be used for analysis instead of the full session transcripts.

The results (Table 2) indicated that on average there were 10.9 instances of figurative language per two-minute excerpt. A random count of words occurring in several of the excerpts suggests that the excerpts include approximately 300 words. Extrapolation from that finding suggests that there would be on average 3.6 figures per 100 words. Previous studies (Angus, 1996; Angus & Rennie, 1988, 1989; McMullen, 1985; Pollio, Barlow, Fine, & Pollio, 1977) have found averages ranging from 4.1 to 4.9 figures per 100 words.

Comparing the highest average reported in the literature to the average found in this study equates to a difference of one figure per 100 words, or from extrapolation almost three figures per two-minute excerpt. Average differences such as one to two figures per 100 words might be explained by multiple factors and do not seem interpretable. In addition to examining the number of figures of speech used in the sample, the frequency of counts per excerpt was calculated and provided in a frequency distribution (Table 2). A visual analysis of the frequency distribution indicates that number of figures of speech uttered per two-minute approximates a normal curve distribution. Based on these findings, it is assumed that the sampling procedures for this study resulted in data that is representative of therapy conducted by experts and, specifically that two-minute long excerpts are sufficient to represent therapy dialogue with regard to figurative language.

Limitations

There are numerous limitations associated with this study. However, as this research project was designed primarily to be exploratory, acknowledgment of such

limitations could also be thought of as recommendations for future investigations of this topic.

With respect to general limitations, this study was plagued with many of the same difficulties that previous researchers in this area have reported. Primary among those difficulties are the limitations of interpretation and causal inference. As reported in the review of the literature, there is a substantial history of clinicians touting the beneficial influences of figurative language use in therapy. However, unlike the research conducted into the effects of a medication on some known physical illness, research focusing on the influences of figurative language use in therapy is extremely restricted. This is the case because research in this area typically attempts to find out how a phenomena that varies in form, meaning, frequency of use, method of delivery, quality of delivery, goodness of fit, and even "dosage" subsequently influences a construct such as the quality of therapy or the quality of a therapeutic relationship. Simply stated, it is difficult to measure, let alone accurately measure, the subtle influence of a varying phenomenon in a real life situation, such as the therapy hour. Of course, analog studies could be designed to control for many of the factors mentioned above, and once a better idea of how figurative language functions, the methodology of analog studies and subsequent findings of those studies could be used to design stronger real-world investigations.

Other than the general limitations that plague almost all research designed to investigate the influences of figurative language in therapy such as lengthiness and difficulty of training and data collection, specific limitations of this study included:

possible rater drift, lack of rater training for the WAI scale, difficulties relating to scaling of measures, failure of short excerpts to describe possible larger patterns, and lack of inferential strength.

Due to the lengthiness of time needed for coding of the data, one possible limitation is rater drift. Rater drift is the phenomenon of raters slowly changing their way of coding over time, thereby having ratings at the beginning of the study that are quantitatively different then the ratings they made toward the end of data collection. This is problematic because is decreases interrater reliability and negatively influences a study's ability to find evidence to support or counter a hypothesis. One way to counter or to rule out if rater drift has occurred in a study is by requiring the raters to redo a few ratings, effectively taking one of their first ratings and having them redo it at the end to see if they drifted. Another way to counter rater drift is more proactive because it requires the raters to periodically review their training and practice the same training stimuli throughout their data coding. A difficulty with countering rater drift with regard to lengthier studies that time might have contributed to the rater drift existing is that taking steps to ensure interrater reliability, such as requiring coders to either redo previously coded excerpts or to have them retrain periodically throughout data collection, creates an even larger commitment of time and people power. This might be the reason, for example, that the authors of the figurative language training manual did not provide a method to evaluate interrater reliability or to account for rater drift over time. Instead, they only provided a simple agreement table to be used during training.

Another possible limitation concerns the lack of a prescribed methodology for training raters on the WAI instrument. This may not be as problematic for all studies. With studies designed so that each WAI judge rates every data set, individual differences among raters, assuming similar rater drift for all raters, are not as influential as when raters have different data sets. However, for studies such as this, where the WAI raters performed double duty and also coded the Exp scales, giving the entire data set to each rater would not have been practical. In hindsight, a solution that would avoid such concerns would be to have more raters whose task is to code the entire data set.

Another possible limitation is that the scales used my not be sensitive enough to pick up on meaningful changes. There is no evidence for this, however, due to the nature of the potential effects of figurative language, that being smaller when compared to other factors influencing therapy process, the more sensitive the scale the better with regard to being able to see changes. As with all studies that use instruments to measure some intangible construct, scaling issues pose a possible limitation. Scaling, as it relates to appropriateness of gradients of measurement, can be a limiting factor if the gradients are either too great or too small. With respect to the instruments used in this study, for example, issues of scaling might have factored into the WAI ratings. Essentially, it is possible that the WAI scales offer a larger gradient than would be required in order to observe the subtle changes that figurative language might influence. This issue can be more clearly seen when considering the possibility that while the WAI scale is a measure of the entire two-minute segment of therapy, rapid fluctuations in the concept of Task, Bond, or Goal due to figurative language may be overlooked. On the other hand, some

might suggest that the two-minute size of the excerpts did not provide an adequate length of time for an accurate rating of those concepts.

Still another possible limitation of this study is the possibility that the shorter excerpts of therapy are not long enough to capture an overarching pattern only measurable or recognizable if the entire session were examined; in a way this is also a scaling issue. By analogy, this issue is similar to a photographer taking pictures of divers, capturing many photos in which divers are not clearly moving upwards or downward. Without knowledge that each of the divers originated their dive from a boat, dove to the bottom, and eventually resurfaced, the still photos would seemingly indicate just that the divers were swimming at various depths. Overarching patterns can be missed by data that represents smaller segments of time. The data for this investigation has not been used to look for overarching patterns, as that is beyond the scope of this study. As such, no evidence suggests that important pictures are being missed by looking at a small part.

Implications for Future Research

An important implication for future research is the simplification of the coding of figurative language. Considering that almost 95 percent of the figurative language found in therapy is metaphor, the distinction of types of figurative language may be too time consuming to warrant the rigorous training involved. This recommendation is similar to suggestions made by several previous researchers (Cameron & Low, 1999; Gibbs, 1998; McMullen, 1985) Similarly, most clinicians that hypothesize some positive influences through use of figurative language tend to be only speaking of metaphors (Brooks, 1985;

Kopp, 2001; Siegelman, 1990). A revised manual for identification of metaphors could be developed that would require less time for training. This might also alleviate some time and work constraints that have limited options for researchers when attempting to build in tasks to control for rater drift or measure reliability of ratings. It should be noted that by making such a change there would not be a guarantee of obtaining higher reliability.

Although not a focus of this investigation, the observation in this study that there are differences among therapists with regard to their use of conjunctive figurative language, suggests that either individual therapists tend to share or not share figures with their clients, or that possible global differences relating to style of therapy might be influential in the degree of conjunctive figurative language used. This observed difference is interesting and future research should be undertaken to shed light on possible reasons why some therapists might use conjunctive figurative language more than others. If the clinicians are on target when suggesting that figurative language, specifically shared figurative language, is influential (Angus & Rennie, 1988, 1989; Barker, 1985; Kopp, 2001; McMullen, 1989; Siegelman, 1990) then the above-mentioned observation becomes even more interesting if found in future studies.

Another implication of this research pertains to the possible use of smaller segments of therapy as a window into larger processes. Although potentially problematic as discussed in detail in the following section, reduction in lengthiness of study (the amount of a therapy session examined, time needed to code longer segments of therapy, etc.) would be a significant benefit for research in figurative language, where studies

tend to be more time intensive. Similarly, focusing on metaphor and possibly simile and hyperbole would also have that effect.

Implications for Theory

Results from this study lend support to previous clinical theories and research findings that indicated figurative language use was common and that figurative language production in therapy tends to be primarily metaphoric (e.g., McMullen & Conway, 1994; Pollio & Barlow, 1975, Pollio et al, 1977). Rather than offering support for the past findings (Hill & Regan, 1991; Pollio & Barlow, 1975) that clients tend to use more novel figures of speech than do therapists, this finding is the contrary, that therapists used a higher percentage of figures of speech judged to be novel. However, that observed difference was not found to be statistically significant. With regard to proportion of shared vs. non shared figures of speech, this study's findings suggest that therapists are uttering a higher overall percentage of conjunctive figures of speech when compared to client utterances. This difference was found to be statistically significant and suggests that therapists may be using shared or conjunctive figurative language as a way of tracking therapy content or attempts at connecting with their clients. Considering this finding, more results are needed before enough evidence can be accumulated to positively impact the established theory of how figurative language might be therapeutic.

The finding that metaphor was by far the majority of the figures of speech used by both clinicians and clients in this study suggests that future theory and research initiatives can focus on metaphor and possibly simile and hyperbole, rather than

attempting to exhaustively predict the influences on therapy by the various kinds of figures of speech.

The statistically significant finding that there was differential use of conjunctive figures of speech by the clients and the therapists reopens the theoretical book on the purpose or function of figures of speech in a therapy setting. Future research could investigate the possibility that there may be differences between expert and non-expert therapists as previous research using non-expert therapists did not report finding differences between the clients and therapists. In addition, future research could examine the possibility that expert therapists are subtly utilizing shared underlying meanings in their uttered figures of speech to influence the therapeutic relationship.

However, statistical significance was not met when examining the relationship between conjunctive excerpts and the therapy process measures of the experiencing scales and the Bond scale of the WAI. This lack of a statistically significant result suggests that shared underlying meanings are not related to those process variables. However, the factors discussed in the limitations section may have contributed to this result. Given these preliminary and exploratory findings and the volume of clinical literature touting a relationship between figurative language use and subsequent positive changes in therapy, additional research is needed.

Summary of Findings

This study was undertaken in order to gain more information about what figurative language is used in therapy and, to determine if conjunctive figurative language use is related to ratings of therapeutic alliance. The results offer additional

support to previous studies that have found figurative language to occur frequently in therapy. More specifically, it was found that expert therapists use figurative language and that approximately 95 % of the time metaphors are the type of figures of speech used. Additionally, the majority of figures of speech are frozen and that therapists, as well as clients, tend to use disjunctive figurative language in their dialogue.

Differences between therapists and clients were found with regard to proportion of novel figures uttered and proportion of conjunctive figures used. Only the observed difference in use of conjunctive or shared figurative language was shown to be statistically significant. The observed difference that therapists used more novel figures is interesting because past theory of figurative language in therapy has suggested that clients would use novel figures more as they are active in the process of exploring and defining both their problems and possible solutions. This might suggest that expert therapists provide insight via indirect verbalizations such as with figurative language. The statistically significant difference found between use of conjunctive figurative language for therapists and clients is especially interesting as it might suggest that therapists use figurative language to track client content and/or let the client know that the therapist is "on the same page." The majority of figures of speech were found to be not conceptual related to previously uttered figures of speech by the other member of the dyad. That is, there were more disjunctive than conjunctive figures of speech.

A regression statistic, calculated for the purpose of determining if there is a relationship between conjunctive excerpts and ratings of working alliance and of therapeutic language did not reach statistical significance. As such, evidence to support

the hypothesis that shared underlying meaning of figures of speech between the therapist and the client is related to working alliance was not provided.

Information about what kind of figurative language is used by experts in therapy was gained. Future research studies might benefit from continued investigation of the differences of figurative language production and use as well as how figurative language might positively influences therapy outcome.

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APPENDIX A

EXPERTS, THERAPY STYLES, AND THERAPY VIDEOS

Dr. Carl Rogers, Client-Centered Therapy,
Three Approaches to Psychotherapy I, Part 1

Dr. Fritz Perls, Gestalt Therapy
Three Approaches to Psychotherapy I, Part 2

Dr. Albert Ellis, Rational Emotive Therapy,
Three Approaches to Psychotherapy I, Part 3

Dr. Arnold Lazarus, Multimodal Therapy,
Three Approaches to Psychotherapy II, Part 2

Dr. Everett Shostrum, Actualizing Therapy,
Three Approaches to Psychotherapy II, Part 3

Dr. Hans Strupp, Psychodynamic Therapy,
Three Approaches to Psychotherapy III, Part 1

Dr. Donald Michenbaum, Cognitive Behavior Modification,
Three Approaches to Psychotherapy III, Part 2

Dr. Aaron Beck, Cognitive Therapy,
Three Approaches to Psychotherapy III, Part 3

APPENDIX B

FIGURES OF SPEECH

Types	Brief Definition	Grouping
Metaphor	A direct comparison, such as, "My mind is a blank."	All use comparisons
Simile	An explicit comparison often using phrases such as "is like" or "as if." For example, "she is like a princess."	
Oxymoron	Two contradictory meanings juxtaposed for linguistic effect.	
Personification	Inanimate objects given human qualities.	
Apostrophe	Personification when object or person is not present. For example, speaking to "Death" as if it might answer.	
Metonymy	A substitution in which a part stands for the whole. For example, "green" for money.	Both use substitutions
Periphrasis	A substitution in which a proper name associated with a quality is used rather than the quality. For example, Carl Lewis for a person who fast.	
Pun	A play on words	All use "play" on word
Anthimeria	A substitution for one part of speech for another such as when new words are created from other words.	
Onomatopoeia	When the pronunciation of a word sounds similar to what the word is describing	
Hyperbole	An exaggeration to linguistically highlight a point, relationship, or characteristic	All require prior knowledge of information
Litotes	An understatement for the purpose of highlighting	
Irony	When the opposite words are used to convey the original meaning	
Rhetorical Question	Used to indirectly assert or deny a fact	

APPENDIX C

EXAMPLES OF FIGURATIVE LANGUAGE THEMES

Therapists	Introduced by Therapist	Introduced by Client
Rogers	"be open with"*	"picture myself"*
Perls	"stage fright"	"I'm in the corner" *
Meichenbaum	"get a handle on things"	"let the balloon go" *
Shrostrum	"reach out"	"think of myself as a flower"*
Beck	"made up of the fabric of several conclusions"	"shell around self"
Strupp	N/A	"we keep drifting apart"
Lazarus	"putting self last"*	"in touch with myself"*

*Shared themes.

APPENDIX D

AGREEMENT TABLES

Agreement and Judgment Table: Passage 1

Rating Category	Novel		Frozen	
	N	%	N	%
Accepted				
3+0	5	.71	6	.67
2+1	2	.29	2	.22
1+2	0	-	1	.11
Subtotal	7		9	
Rejected				
2-1	0	-	0	-
1-2	0	-	0	-
Subtotal	0	-	0	-
Total	7/16	44	9/16	56
Judgments				
% Accepted	100			
% Rejected	0			

Agreement and Judgment Table: Passage 2 by all three raters

Rating Category	Novel		Frozen	
	N	%	N	%
Accepted				
3+0	2	100	16	57
2+1	-		9	32
1+2	-		3	11
Subtotal	2		28	
Rejected				
2-1	-		-	
1-2	-		-	
Subtotal	-		-	

APPENDIX D

AGREEMENT TABLES

Total	2/30	6	28/30	93
Judgments				
% Accepted	100			
% Rejected	0			

Agreement and Judgment Table: Passage 3 by all three raters

Rating Category	Novel		Frozen	
	N	%	N	%
Accepted				
3+0	4	80	9	69
2+1	1	20	4	31
1+2				
Subtotal	5		13	
Rejected				
2-1				
1-2				
Subtotal	5/18	28	13/8	72
Total				
Judgments				
% Accepted	100			
% Rejected	0			

Agreement and Judgment Table: Passage 4 by all three raters

Rating Category	Novel		Frozen	
	N	%	N	%
Accepted				
3+0	5	83	19	86
2+1			1	5
1+2	1	17	2	9
Subtotal	6		22	

APPENDIX D

AGREEMENT TABLES

Rejected				
2-1				
1-2				
Subtotal				
Total	6/28	21	22/28	79
Judgments				
% Accepted				
% Rejected				

Agreement and Judgment Table: Passage 5 by all three raters

Rating Category	Novel		Frozen	
	N	%	N	%
Accepted				
3+0	1	100	6	33
2+1			6	33
1+2			6	33
Subtotal	1		18	
Rejected				
2-1				
1-2				
Subtotal				
Total	1/19	5	18/19	95
Judgments				
% Accepted	100			
% Rejected	0			

APPENDIX D

AGREEMENT TABLES

Agreement and Judgment Table: Agreements Avg. across Passages and All Raters

Rating Category	Novel		Frozen	
	N	%	N	%
Accepted				
3+0	17	15	56	50
2+1	3	3	22	20
1+2	1	1	12	11
Subtotal	21		90	
Rejected				
2-1				
1-2				
Subtotal				
Total	21/111	19	90/111	81
Judgments				
% Accepted	100			
% Rejected	0			

APPENDIX E

MARCUS ET AL'S (1996) AGREEMENT PROBABILITY CALCULATIONS

All Six Raters for Training Passage 1

Sum r_i = Totaled Number of Observers for All Moments
= (1 x 5) + (4 x 3) + (12 x 6)
= 5 + 12 + 72
= 89

Sum r_i^2 = (1 x 5^2) + (4 x 3^2) + (12 x 6^2)
= 25 + 36 + 432
= 432

P_{yes} = [(Sum r_i^2 - Sum r_i)/(n – 1)]/ Sum r_i

[(493 – 89)/(6 – 1)]/89

.907

All Six Raters for Training Passage 2

Sum r_i = Totaled Number of Observers for All Moments
= (2 x 5) + (11 x 3) + (18 x 6)
= 10 + 33 + 108
= 151

Sum r_i^2 = (2 x 5^2) + (11 x 3^2) + (18 x 6^2)
= (2 x 25) + (11 x 9) + (18 x 36)
= 50 + 99 + 648
= 797

P_{yes} = [(Sum r_i^2 - Sum r_i)/(n – 1)]/ Sum r_i

[(797 – 151)/(6 – 1)]/151

.855

APPENDIX E

MARCUS ET AL'S (1996) AGREEMENT PROBABILITY CALCULATIONS

All Six Raters for Training Passage 3

Sum r_i = Totaled Number of Observers for All Moments
= (3 x 3) + (15 x 6)
= 9 + 90
= 99

Sum r_i^2 = (3 x 3^2) + (15 x 6^2)
= (3 x 9) + (15 x 36)
= 27 + 540
= 567

P_{yes} = [(Sum r_i^2 - Sum r_i)/(n – 1)]/ Sum r_i

[(567 – 99)/(6 – 1)]/99

.945

All Six Raters for Training Passage 4

Sum r_i = Totaled Number of Observers for All Moments
= (3 x 14) + (6 x 18)
= 42 + 108
= 150

Sum r_i^2 = (14 x 3^2) + (18 x 6^2)
= (9 x 14) + (36 x 18)
= 126 + 648
= 774

P_{yes} = [(Sum r_i^2 - Sum r_i)/(n – 1)]/ Sum r_i

[(774 – 150)/(6 – 1)]/150

.832

APPENDIX F

CHI SQUARED RESULTS

Chi Square Test of Rates of Novel Figurative Language by Therapists and Clients

	Value	df	Two-sided Significance
Person Chi-Square	20216	1	.137
Continuity Correction	1.694	1	.193
N of Valid Cases	611		

Chi Square Test of Rates of Conjunctive Figurative Language by Therapists and Clients

	Value	df	Two-sided Significance
Person Chi-Square	26.154	1	.000
Continuity Correction	24.948	1	.000
N of Valid Cases	611		

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